

**Declaration of Practices and Procedures**  
**Penny Henry Millhollon, M.A., LMFT-S, LPC-S, AAMFT-S**  
**Licensed Marriage and Family Therapist**  
**Licensed Professional Counselor**  
**820 Jordan Street, Suite 570**  
**Shreveport, LA 71101**  
**(318) 221-4455**

1. **Qualifications:** I have a Master of Arts in Marriage and Family Therapy (M.A.) from University of Louisiana at Monroe. I am a Licensed Marriage and Family Therapist(LMFT) (LMFT# 987) and a Licensed Professional Counselor (LPC)(LPC# 3071) as well as an Approved LPC Supervisor(LPC-S), an Approved LMFT Supervisor (LMFT-S), and Approved AAMFT Supervisor (AAMFT-S). I am registered with the LPC Board of Examiners, 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816 (phone: **225-295-8444**).
2. **Experience:** I have worked in Louisiana as a LMFT since 2005 and a LPC since 2007. I am also a LPC Supervisor since August 2015 and a LMFT Supervisor since January 2016. I became an AAMFT Supervisor in March 2019. Between 1995 and 2001, I worked in Scotland and founded Caledonia Counseling Centre. I have also served as a member of my profession's regulatory board, the Louisiana Licensed Professional Counselors Board of Examiners. I served as Secretary of the Board, Chair of the Marriage and Family Therapy Advisory Committee and the Professional Assistance Program under this Board from November 2010 to November 2018.
3. **Counseling Relationship:** I see counseling and therapy as a process in which the client and therapist have come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for improved lives and work in a systematic fashion toward realizing those goals.
4. **Clients Served:** I provide therapy for individuals, couples, families, and groups of all ages.
5. **Specialty Areas:** I focus on clients with individual, marriage, and family issues. I have experience in working with parent-child issues, marital discord, and individual problems within a relational context. I also have training in Eye Movement Desensitization and Reprocessing (EMDR), and have my B.A. in Music Therapy. I am a Professional Member of the Louisiana Counseling Association, Louisiana Association of Marriage and Family Therapy and Clinical Fellow of the American Association of Marriage and Family Therapy.
6. **What to Expect from Therapy and What I Expect from Clients:**I approach therapy from a systemic perspective, which means that I work with a client within a relational framework. This larger family and social context enables me to understand your situation and gives me further resources which can be helpful in solving life's problems. Goals for therapy are always established through collaboration with the client. The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through that collaborative process. I work from a solution-focused orientation which means that I focus on helping the client find solutions to his or her problems. I incorporate techniques in my therapy such as creative homework, role-playing, communication exercises, and interactive in-session exercises.

Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation, or disciplining children. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Conduct does not allow me to advise you to make a specific decision.

You, the client, are a full partner in counseling. Your honesty and effort is essential to success. If as we work together you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

7. **Physical Health:** Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. As a routine part of the initial session, you will be asked the name or your physician and any medications that you are now taking.
8. **Code of Conduct:** I am required by law to adhere to the Louisiana Code of Conduct for Licensed Professional Counselors and the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. A copy of these codes is available upon request. **Should you wish to file a disciplinary complaint regarding my practice as a LPC and LMFT, you may contact the Louisiana LPC Board of Examiners.**
9. **Privileged Communications:** Material revealed in counseling/therapy will remain strictly confidential except for the following circumstances in accordance with state law:  
1) The client signs a written release of information indicating informed consent of such release, 2) The client expresses intent to harm him/herself or someone else, 3) there is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult. Additionally certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. Also note that if you use third party insurers, such as health insurance policies, HMO or PPO plans, or EAP programs, you may have already signed a waiver of confidentiality with the providing company so that the therapist can submit claims or reports for the purpose of reimbursement. If you did not sign such a waiver, the right of the insurance provider to have access to information that would otherwise be privileged may be implied in the consumer/provider agreement. **By signing this document, you authorize the therapist to submit necessary information about your case to your health care insurer for the purpose of reimbursement. By signing this document, you authorize the transmission of information over electronic devices such as cell phones, wireless phones, email, and faxes that may be susceptible to unauthorized interception by a third party.**

Please also note the health care insurers may require or allow transmission of information electronically (fax, email attachment, through a website, or orally by phone) through systems that may not be secure. The therapist cannot be responsible for the treatment of confidential information by the health care insurer after it has been transmitted or submitted. Note that some health care insurers may sell or otherwise provide information to other insurers or third parties without the permission of the client or therapist.

It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to explain to clients all mandated disclosures as conceivable.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses. When working with families, couples, or groups, information shared by individuals in sessions where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

10. **Emergency Situations:** If an emergency situation should arise, please call 911 or proceed to the nearest hospital emergency room for help (Willis Knighton Emergency Room (318-212-5000); or call your primary care physician or psychiatrist. Emergency situations may include but are not limited to thoughts, actions or plans for hurting or harming yourself or others, or are having uncontrolled psychotic symptoms. If you are having suicidal thoughts or making plans to harm yourself, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24 hour hotline support. By signing this document you understand if you are in a life threatening or emergency situation, and/or if you feel suicidal you are to call 911, local hospital emergency room, or the National Suicide Hotline at 1-800-273-8255 or proceed to the nearest hospital.
  
11. **Fees and Appointment Details:** Each therapy sessions is around 55 minutes. The first session is usually spent gathering information about the client's concerns and what he/she/they would like to change in their situation. The following sessions are usually scheduled once weekly. We will collaborate together about the number of sessions that will be required. I charge \$130 for the initial assessment session and \$110 for each session thereafter. Payment is payable at the end of each session. I accept many forms of insurance, but not all. Please let me know if you would like us to help you file insurance or if you wish to file yourself. If you are being referred by an EAP, then your fee will be paid for by the EAP Company. Appointments are typically set at the close of each session. I have morning and afternoon appointments available Monday, Tuesday, Wednesday, Thursday and Friday. Appointments may be scheduled, rescheduled, or cancelled by phoning the Shreveport Family Counseling office at (318) 221-4455. I require you to phone at least 24 hours in advance if you must change or cancel an appointment. **If you fail to notify the office of the cancellation at least 24 hours in advance, you will be charged a standard fee of \$100. In the case of an emergency, however, this fee will be waived. Do also note that excessive "no-shows" or late cancellations or failure to pay required fees may result in a referral.**

If I am subpoenaed to appear in court, there will be a charge of \$200 per hour which includes preparation time, travel time, waiting as a standby and court appearances. There is also an initial \$1000 retainer fee for court appearances payable at the time a subpoena is received. Portions of the retainer are refundable at my discretion. Additionally, I charge \$750 for a deposition payable at the time the subpoena is received. Routine reports for purposes other than court are provided at the client's request. There is a charge of \$100 per hour for these reports. A signed release of information must be signed prior to any documents being released.

**12. Teletherapy:** Teletherapy is defined as a method of delivering mental health counseling, psychotherapy, and marriage and family therapy services using interactive technology-assisted media to facilitate prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, groups, organizations, or the general public that enables a licensed therapist and a client separated by distance interact via synchronous video and audio transmission. Teletherapy services must be consistent with the jurisdictional licensing laws and rules in both the jurisdiction in which the therapist is physically located and where the client is physically located. Teletherapy is a specialty area and requires approval by the LPC Board. If you are interested in Teletherapy, please inform Penny Millhollon. There is a separate Teletherapy Informed Consent form that must be completed before Teletherapy can begin.

**13. Potential Benefits and Risks of Therapy:**

- a. The client should be aware that counseling poses potential risks. In the course of working together additional problems may surface of which the client was not initially aware. If this occurs, the clients should feel free to share these new concerns with me.
- b. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.
- c. Changes in relationship patterns that may result from family therapy may produce unpredictable and/or possibly adverse responses from other people in the client's social system.

**14. I understand that I accept responsibility for informing anyone I invite into therapy from this point on about the information contained in this document as it may apply to them.**

**15. My signature below signifies that I have read and understand the information contained in this document and agree to treatment under these terms.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

LMFT/LMFT-S/LPC/LPC-S Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, give permission for Penny L. Millhollon to conduct  
Parent's name

counseling with my \_\_\_\_\_.

Relationship

Name of minor