

STATEMENT OF PRACTICES AND PROCEDURES

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Please read this statement of practices and procedures carefully and retain a copy for your records. It contains important information about your therapist, what you can expect from the therapy process, and how to make the most of your experience in therapy. At the beginning of your first session, you will be asked if you have any questions about the information in this document. As a client, you have the right to a clear understanding of the therapy process as outlined. If you have any questions, please ask. Your signature on the last page of this document signifies that you have read and understand the information contained herein, and that you consent to treatment.

THE THERAPIST'S QUALIFICATIONS

Education—Dr. Millhollon holds a Master of Science degree in Counseling Psychology from Louisiana State University in Shreveport and a Ph.D. in Marriage and Family Therapy from the University of Louisiana at Monroe.

Licensure—Dr. Millhollon is a Licensed Professional Counselor Supervisor, number 3716. He is a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs).

This license is administered by the **Louisiana Licensed Professional Counselor's Board of Examiners, 11410 Lake Sherwood Ave North, Suite A, Baton Rouge, LA 70816, telephone number 225-295-8444**. For more information about this license or to ask about filing a complaint, you may contact the Board by mail or telephone, or you may go to the website at www.lpcboard.org.

Professional Organizations—Dr. Millhollon is a member of the American Association for Marriage and Family Therapy and a member of the Louisiana Association for Marriage and Family Therapy. He is also a member of the Northwest Chapter of the Louisiana Counseling Association.

Experience—Dr. Millhollon has worked as an individual, marital, and family therapist since 2006. He also has experience working with adolescents and adults diagnosed with serious mental illnesses. Dr. Millhollon is trained in EMDR (Eye Movement Desensitization and Reprocessing) and TF-CBT (trauma-focused cognitive behavioral therapy) for treating psychological trauma.

AREAS OF FOCUS, STYLE OF PRACTICE, & PRACTICE LIMITS

Dr. Millhollon focuses on the practice of marriage and family therapy, and works primarily with problems of childhood, parenthood, marital difficulties, and adult difficulties that may be related directly or indirectly to disturbances in family relationships.

Whether working with an individual, couple, or family, Dr. Millhollon works from an ecosystemic perspective, which means that he accepts a client's immediate relationships and larger social context as being important factors in solving life's problems.

Specifically, Dr. Millhollon works from a structural/strategic orientation, which means that a well-defined plan for achieving identified goals or solving specified problems is developed in collaboration with the client. The emphasis in therapy is placed on assisting the client in finding workable solutions and accessing the resources necessary to enact those solutions in a time-limited framework. Therapy focuses on providing insight into the “historical roots” of problems only as it is absolutely necessary to the resolution of the problem as it finds expression in the “here-and-now.” In many instances, problems are most efficiently solved without dwelling on “historical causes” at all.

TYPES OF CLIENTS SERVED

Dr. Millhollon specializes in the practice of marriage and family therapy and has experience working with elderly adults, adults, teenagers, and children of all ages. When working with teenagers and children, Dr. Millhollon strongly prefers to work with the whole family. Unwillingness or inability of family members to participate in therapy may result in referral.

ETHICAL CODE OF CONDUCT/LEGAL REQUIREMENTS

The quality and provision of psychotherapy or family/couples therapy is governed by state law and ethical guidelines. These laws and guidelines are designed to protect the consumer.

As a Licensed Professional Counselor Supervisor in Louisiana, Dr. Millhollon is bound by law to adhere to the Code of Conduct for Licensed Professional Counselors. A copy of this code is available upon request.

Confidentiality—By law, Dr. Millhollon is prohibited from releasing any information regarding your therapy to any third party without a signed release that reflects your informed consent. Electronically submitted or reproduced releases without an original signature (fax, e-mail attachment, photocopy) or verbal permission from the client to release information may be accepted, but **only** in the case of an emergency.

General Exceptions to Confidentiality—There are certain conditions and circumstances that require confidentiality to be broken by the therapist. Specifically, it must be reported to appropriate authorities when:

1. The therapist has reasonable suspicion of child abuse, elder abuse, or the abuse of a mentally handicapped person.
2. The therapist is convinced that the client is indicating serious, imminent physical harm to himself/herself (suicide) or to some other specific person (homicide). In the latter case, the therapist has a duty to warn the individual who is being threatened and to contact the appropriate authorities.

There are other circumstances that may limit the rule of confidentiality. Certain types of litigation, such as child custody, may result in a court ordered release of information without your consent.

Exceptions to Confidentiality When Using Insurance—If a client uses an HMO, PPO, EAP, or other insurance plans to pay for services, he or she 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 the client 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. In any event, signing this document will authorize the therapist to submit necessary information about your case to your health care insurer for the purpose of reimbursement. If you have

questions about the policies and procedures of your health care insurer in regard to confidentiality, please check with them directly.

Please note that health care insurers may require or allow the transmission of information electronically (fax, e-mail attachment, through a website, or verbally by phone) through systems that may not be secure. Further, 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.

Clinical Situations that Affect Confidentiality—Special clinical situations may exist that require informed consent of the client in order for information to be released. For example, in couple, family, or group therapy, information cannot be released to a party outside the treatment context about any certain individual without the written consent of all parties being treated. Information shared by individuals in a private session where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless that individual signs a release of information. Note, however, that maintaining confidentiality for individual sessions during couples or family therapy could impede or even prevent a positive outcome to therapy and could result in referral.

It is Dr. Millhollon's 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. Dr. Millhollon will endeavor to apprise clients of all mandated disclosures as conceivable.

While the therapist himself is bound by confidentiality in a marital, family, or group setting as described above, the therapist cannot be responsible for information shared by family or group members with others outside the treatment context.

Electronic Transmission of Data—In a society that is connected by cell phones, email, and many social media platforms, client communication cannot be one-hundred percent guaranteed to be private. Please be aware of the risks of such methods of communication. If you communicate confidential or private information via SMS (text), by phone, or through e-mail, Dr. Millhollon will assume that you have made an informed decision, having been made aware of the risk.

Texting: Text messaging is unsecure and Dr. Millhollon will only text you for the purpose of scheduling or if there is an urgent matter that must be discussed and you can't be reached another way. If appointment information or general business matters need to be communicated, text messaging is fine, but no official counseling will take place via messaging.

Social Media: Dr. Millhollon does not accept "friend" requests or similar connections with clients, their family members or friends on social media. This is to protect your confidentiality and privacy. Online relationships can create security risks as well as therapeutic risks. Please note that any social media apps you use may seek to connect you with me or with other visitors to this office through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone/device. Turning off a social media app's ability to know your location and refusing it access to your email account, contacts, and history in your phone, protects your privacy and confidentiality.

Note to Military Clients—Utilizing your Tricare coverage may result in the forfeiture of your right to confidentiality if you maintain a security clearance. Further, utilizing your coverage could threaten your security or task status. To

discuss how this may be avoided while receiving counseling services, check with Dr. Millhollon before signing this document.

THE CLIENT—THERAPIST RELATIONSHIP

Therapist Responsibility—It is the responsibility of the therapist to provide quality services that fall in delivery and scope within the legal and ethical guidelines referred to above, to provide clear and complete information about his clinical practices and procedures so that the client can provide informed consent to treatment, and, as is within his reasonable ability, to provide a safe, trusting context for the therapy process.

Client Responsibility—The client is responsible for acquainting himself/herself with basic information regarding office practices and procedures as explained in this document. In addition, client responsibilities include:

1. Prearranging any authorization with his/her insurance provider or HMO (if the client plans to file a claim) and presenting any authorization or claim numbers to the secretary before the first session.
2. Presenting any material necessary to filing HMO or insurance claims, such as Insurance Coverage Card or Military ID Card.
3. Filling out the intake form provided completely and accurately, including current medications.
4. Keeping agreed-upon appointment times consistently and promptly.
5. Informing the therapist of any change in status, such as address or telephone number.
6. Informing the therapist of a clinical relationship with any other mental health professional while therapy with Dr. Millhollon is on-going so that provisions can be made to avoid any ethical or therapeutic conflict.

Ethics dictate that clients make their own decisions about such things as deciding to marry, separate, divorce, reconcile, or setting up child custody. The therapist will help the client think through possible options and potential consequences, but ethics disallow the therapist from offering advice to the client in making specific decisions.

It is strongly suggested that clients undergo a routine physical as a prelude to therapy if there has been no physical in the past year. Many emotional or psychological difficulties can be the result of some physical problem.

WHAT TO EXPECT

Therapy sessions are typically forty-five (45) to sixty (60) minutes in length. The first session is usually spent in gathering information about the history and on-going character of the problem(s) that the client wishes to work on in therapy.

Sessions thereafter are usually scheduled once a week, and are devoted to establishing mutually agreed upon goals for therapy and developing strategies to meet those goals. The length of the therapy process depends on the nature and severity of the presenting problem. However, most problems are successfully resolved in eight (8) to ten (10) sessions.

At the end of sessions, “homework” may be assigned to the client. **This homework is important to the therapy process; therefore, clients are strongly encouraged to complete these assignments to maximize the effectiveness and the efficiency of their counseling experience.**

ROUTINE BUSINESS PROCEDURES/PRACTICES

Office Hours—Dr. Millhollon schedules client sessions Monday through Friday. Times are available from 9:00 am to 7:00 pm Monday through Friday. Weekend times are occasionally available.

The office may be closed for certain holidays, special events, or in cases of severe weather conditions.

Making/Breaking Appointments—Sessions are by appointment only. Session availability is limited. Typically, appointments are made after each session. However, appointments can be made, changed, or cancelled by phone or in person. Dr. Millhollon has a 24-hour cancellation and rescheduling policy. Cancellations or rescheduling requests made prior to this window are rescheduled with no penalty. Cancellations or rescheduling of sessions not honoring the 24-hour cancellation policy as well as missed sessions will incur the full fee which is an out-of-pocket expense. Also, note that excessive “no-shows”, cancellations, or reschedules on the part of the client could result in referral.

Standard Fees—Dr. Millhollon’s fee for an initial assessment is \$150. Subsequent **45 to 60-minute therapy sessions are \$125**. Sessions of greater length are subject to additional charge. Full payment for services rendered is expected after each session. Missed appointments are not billable to insurance companies and are the sole responsibility of the client. Signing this document gives Dr. Millhollon permission to refer all unpaid balances to an appropriate collection agency for collection after 60 days. Inability to pay the full fee or nonpayment of fees may result in referral.

Health Care Coverage—If the client has a traditional health insurance policy that covers services provided by an LPC, then information will be provided to the client to file a claim for reimbursement. This information, called a “superbill”, is provided to all clients and also acts as a receipt of payment and reminder of the date and time of the next appointment.

Note that Dr. Millhollon does not accept all health coverage plans, even though they may cover his services.

When filing for reimbursement, the client is still responsible for payment at the time services are rendered. The client is responsible for any fees not covered by a traditional insurance policy.

If the client has coverage provided by an HMO, PPO, or EAP, then the therapist may be responsible for filing a claim. In many cases, however, the client must pay a co-pay and be responsible for any deductible. These payments are due at the close of each session.

Fees for Court Appearances, Depositions, and Documentation—If compelled to appear in court, time used to prepare for, travel to, and appear in court will be charged at the rate of \$200 an hour. Additional fees will be charged for duplication and/or submission of documentation, such as case notes or existing reports, at the rate of \$10.00 per page.

Dr. Millhollon charges an initial \$1000 retainer for court appearances within a 50-mile radius from his office and \$2000 outside a 50-mile radius, payable at the time a subpoena is received. When the retainer has been used up, the client will be billed another \$1000 to retain Dr. Millhollon’s services, if necessary. Portions of the retainer are

refundable at Dr. Millhollon's discretion. Dr. Millhollon charges \$1000 for a deposition, payable at the time the subpoena is received.

A simple report to be submitted directly or indirectly to the Court that is not part of a deposition or court appearance is billed at a flat fee of \$300 per submission, payable at the time of request or subpoena.

Routine Reports and Documentation—Routine reports for purposes other than court can be provided at the client's request upon receipt of a signed waiver. A flat fee of \$150 dollars is charged for routine reports. Routine documentation may also be provided upon the client's request and upon receipt of a signed waiver. If such documentation is ten (10) pages or less, there is no fee. For eleven (11) or more pages, the fee is \$10 a page.

As the result of special arrangement, a fee may be charged for telephone contact at the rate of \$1.50 a minute.

Routine Telephone Contact—Dr. Millhollon prioritizes his face-to-face consultation with his clients and does not take phone calls while he is in session. His time to return phone calls is limited. When at all possible, the client should use the secretarial staff to address routine matters. Otherwise, Dr. Millhollon will return calls in the order in which they are received and as time permits.

There is typically no charge for routine telephone contact. However, Dr. Millhollon reserves the right to bill for telephone calls of over ten minutes or that become more frequent than once per week at the rate of \$1.50 a minute.

TELE THERAPY

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 to 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 Louisiana Licensed Professional Counselor's Board of Examiners. Dr. Millhollon is Board-approved to conduct teletherapy. If you are interested in teletherapy, please inform Dr. Millhollon. There is a separate Teletherapy Informed Consent Form that must be completed before teletherapy can begin.

POTENTIAL RISKS

As a client works to make changes through participation in marital or family therapy, relationships with other individuals in the client's social system that may not benefit from those changes may resist change. Further, changes in relationship patterns that may result from family therapy may produce unpredictable and/or adverse responses from other people in the client's social system.

Research suggests that working on marital issues in therapy with only one spouse can have a detrimental effect on the quality of the marriage and can lead to dissolution of the marriage.

As the result of mental health counseling, a client may realize that he/she has additional issues which may not have surfaced prior to the formation of the counseling relationship.

IN CASE OF EMERGENCY

Please note, I do not guarantee immediate accessibility or response. I do not answer email, text, or phone calls/messages when I am with other clients, afterhours, weekends, vacations, or holidays. When I am unavailable, you may choose to leave a message, email, or text and I will respond as soon as possible. When a mental health emergency arises and an immediate emergency response is required, you are instructed to call your primary care physician, 911 or go to your nearest emergency room where emergency services are available 24 hours a day, seven days a week. You may also contact Brentwood Hospital at 1006 Highland Ave, Shreveport, LA 71101, telephone number (877) 678-7500. They are available 24 hours a day, seven days a week. If you are having suicidal thoughts or making plans to harm yourself, you can call the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline). The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.

CLIENT'S STATEMENT OF UNDERSTANDING/CONSENT TO TREATMENT

My signature below signifies that I have read and understand the information contained in this document and agree to treatment under these terms. If I am the parent or guardian of an individual that I am bringing to treatment that is not capable of providing informed consent because of age or handicap, I agree to print their names below. My signature indicates that I am responsible for their welfare, have considered their best interest, and agree to treatment under these terms on their behalf.

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.

_____ By initialing here, I agree to authorize the release of information to my health insurance carrier for the purpose of obtaining reimbursement or obtaining authorization for further sessions.

_____ By initialing here, I authorize the transmission of information over electronic devices such as cell phones, wireless phones, e-mail, and faxes that may be susceptible to unauthorized interception by a third party.

_____ Responsible Client, Parent, or Guardian	_____ Date
_____ Responsible Client, Parent, or Guardian	_____ Date
_____ Responsible Client, Parent, or Guardian	_____ Date
_____ Responsible Client, Parent, or Guardian	_____ Date

Parent/Guardian Consent for Treatment of a Minor *(complete this only if you are the parent or legal guardian of the minor receiving therapy)*

I, _____ give my permission for Eddie P. Millhollon, Ph.D., LPC-S, to conduct
(Print Name of Parent or Legal Guardian)
therapy with my _____ , _____
(Relationship) (Name of Minor)

_____ Signature of Parent or Legal Guardian _____ Date

I have reviewed the information in this document with the client(s) and have given them the opportunity to ask questions about its content and witnessed their signature.

_____ Eddie P. Millhollon, Ph.D., LPC-S _____ Date

