

Declaration of Practices and Procedures

Sara Jambon, M.Ed., LPC, LMFT

312 S. Jefferson Ave, Suite G, Covington, LA 70433
985-373-6156

Qualifications:

I have a M.Ed. in Counselor Education, Marriage and Family Therapy from Southeastern Louisiana University. I am a Licensed Professional Counselor (LPC # 3941) and an LMFT (LMFT # 1132) registered with the LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, 225-765-2515. I maintain membership in the Louisiana Counseling Association.

Clients Served:

I work with individuals, couples, and families. I also conduct group counseling. I see clients of all ages and backgrounds with the exception that I do not individually counsel children under ten years of age.

Specialty Areas:

I specialize in the practice of marriage and family therapy and am experienced in working with problems of childhood and parenthood, marital difficulties and life difficulties of adulthood that may relate to disturbances in family relationships.

Counseling Relationship:

I approach counseling from a family systems perspective in that I treat the entire system and social context surrounding that system. I use the Solution Focused approach in counseling and explore patterns of thought and actions. Using this method facilitates gaining a better understanding of client's problems and developing solutions. I see counseling as a collaborative relationship in which both the client and the counselor have important roles. Together, we will work as a team to explore and define problems and develop goals to address them. You, the client, are a full partner in counseling. Your honesty and effort are essential to success. If 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 another mental health provider would better serve you, 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. You are expected to promptly keep appointments and pay fees after each appointment. Payments are to be made to Sara Jambon, M.Ed, LPC, LMFT, NCC.

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

Appointments are usually scheduled one time a week for approximately one hour, with the first session devoted to gathering necessary information. The entire therapy process may take on the average of eight to ten sessions. Scheduling of the next appointment will be made at the end of a session. Appointments may be made by calling (985) 373-6156.

Code of Ethics:

I am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists and the Code of Conduct for Licensed Professional Counselors. Copies of these codes are available upon request.

Confidential Communications:

I am required to abide by the professional practice standards for licensed professional counselors and Louisiana law. I do not disclose client confidences and information to any third party without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect (60 or older or dependent adult), or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Certain types of litigation (such as Child Custody cases) may lead to the court-ordered release of information without your consent. 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 a family or couple, 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. If an impasse results from such confidentiality, referral to another therapist might result.

Emergency Situations:

If an emergency situation should arise, you may seek help through hospital emergency facilities. The emergency services number at Lurline Smith Hospital in Mandeville is 985/624-4450. For other crisis, the Cope Line is available 504-523-COPE or 1-800-749-2673. If you or your children are at immediate risk of physical abuse or harm, please call 911.

Fee Scale:

I offer sessions for \$125 per session. Payment for session is due at the time of service. Clients will be charged a fee of \$60 for appointments that are missed or canceled without 24-hour notice. Insurance will be filed as a courtesy, however the client or responsible party is ultimately responsible for full payment.

If court attendance or deposition is required, a \$1000 fee will be required per appearance and shall be paid 5 days prior to the court/deposition appearance and is non-refundable.

If a check is returned for insufficient funds a \$35 fee will be assessed in addition to original fee and may be turned over to the District Attorney's Office for Prosecution.

If a request for records is made, I will charge the maximum allowed by statute for handling your request.

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 within the past year, it is recommended that you do so. As a routine part of the initial counseling session, you will be asked the name of your physician (or medical facility), and to list any medications that you are now taking. It is also strongly recommended that any minor children that are involved in counseling see a physician if they have not done so within the last year. Undetected or untreated medical conditions can seriously harm the social and emotional well being of children.

Potential Counseling Risk:

1. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.
2. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client's social system.
3. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship.

I have read and understand the above information in this Declaration of Practice and Procedures for Sara Jambon, M.Ed., LPC, LMFT. Clients may keep pages 1- 3 of this declaration. Page 4 will be kept in your file.

I HAVE READ AND I UNDERSTAND THE ABOVE.

CLIENT SIGNATURE DATE

CLIENT SIGNATURE DATE

Sara Jambon, M. Ed., LPC, LMFT DATE

ADDITIONAL SIGNATURE FOR TREATING MINORS:

I, _____ / _____, give my permission for
Signature of Parents or Guardians

Sara Jambon to conduct counseling with my, _____
Relationship Name of Minor Date

Additional minors receiving counseling:

Name	Relationship	Signature of Parent or Guardian	Date
_____ Name	_____ Relationship	_____ Signature of Parent or Guardian	_____ Date
_____ Name	_____ Relationship	_____ Signature of Parent or Guardian	_____ Date
_____ Name	_____ Relationship	_____ Signature of Parent or Guardian	_____ Date