

Please submit a Declaration of Practices which includes the following:

## **Declaration of Practices**

### **For Mississippi P-LPC**

Name:

Name of Practice Setting:

Address of Practice Setting:

Phone Number of Practice Setting:

#### **Qualifications:**

- Degree earned / university earned from
- Field of study
- Note you are a P-LPC (or P-LPC Applicant – update if P-LPC is issued)
- Statement of supervision as a requirement for P-LPC
- Name of LPC-S and contact information
- If you are in a private practice setting, who is the agreed upon LPC on-site while you are providing counseling services? Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Counseling Relationship:**

- Describe your views of counseling and the counseling process. Include the purpose and goals of counseling from your perspective
- Describe the relationship between the counselor and client
- Describe your theoretical orientation and the techniques used in your practice

#### **Areas of Focus / Services Offered / Clients Served:**

- Provide areas of expertise, experienced gained, or the areas you are expecting to gain experience (marriage and family issues, children, depression, adjustment, A&D, etc.)
- Clientele in which you work with
- Clientele in which you are not working with
- Format of counseling provided (individual, group, family, marriage)

**NOTE:** If you list an area of Expertise (specialty area for which you have received training or specific certifications), you will need to provide proof of the training (certificate) with your Declaration of Practice.

#### **Office Procedures:**

- How appointments are made
- Days and times appointments are available (when you will be working)
- Cancellation policy
- Whether Insurance accepted/not accepted and information regarding Co-pays

**Code of Conduct:**

- Code of Ethics and Rules that you must abide by
- How to access Codes of Ethics and MS Rules and Regulations for counselors
- How to file a complaint

**Confidentiality:**

- Confidentiality statement
- Exceptions to confidentiality
- Privileged Communication statement
- Marriage and family confidentiality expectations (if working with this clientele)
- Confidentiality expectations for minors (if working with this clientele)

**Emergency Situations:**

- Who to contact in an emergency and contact information

**Client Responsibilities:**

- Your expectations from the client

**Potential Counseling Risks:**

- List potential risks experienced by the client during the counseling process

**Audio/Video Recording:**

- State whether sessions will be recorded, and if so, the methods of recording
- Purpose of the recordings (supervision)
- Who will have access to the recordings
- How recordings will be secured
- When / how destroyed

***Note the following:***

- ***All P-LPCs must have a Declaration of Practice on file with the Board.***

***Recommendation:***

- ***If you are in a private practice setting, the Board encourages you to utilize the Declaration of Practice as part of your signed informed consent process (ACA Code of Ethics, A.2).***

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Client Signature

Date

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Your name and credentials

Date