

Declaration of Practices and Procedures

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Qualifications: I earned a Bachelor of Science degree in Psychology in 2003, a Master of Arts degree in Mental Health Counseling in 2006 from Southern University of Baton Rouge. Additionally, I obtained a School Counseling Certification (LIFE) in 2007 and a MA plus 30/ABD in 2008 from Capella University. I am an experienced counselor with over sixteen years of dedicated service working within the helping profession. My certifications include Certified Anger Management Specialist-II, National Board Certified Counselor (NCC) with the National Board of Certified Counselors (333218). I am Licensed as a Licensed Professional Counselor (LPC) and Supervisor (LPC-S) with the Licensed Professional Counselors Board of Examiners (3752). Additionally, I'm certified, credentialed and contracted through Magellan Health Services as an Individual Assessor.

Counseling Relationship: Counseling is viewed as a passion of purpose. We work together to form interventions that will aide in the problem issues determined through the counseling process. The focus is to explore the concerns through therapy and make efforts to effectively work toward goal attainment. The counselor and the client works together as a team to make these things happen.

Areas of Focus: I have a general practice, providing services to adults, children, couples and families.

Fee Scales: The fees for services range from (\$65.00-\$115.00) per session. Payment is due at the time of service. Clients are seen by appointment only. The office hours are Monday-Friday 9am to 6pm and Saturday 9am to 12noon. Clients will be charged \$50.00 for appointments that are broken or cancelled without 24-hour notice. Payment is accepted from ALL major insurance companies and accepted through Employee Assistance Programs. Appointments may be scheduled, rescheduled or cancelled with the receptionist between the hours of 9:00 and 5:00 pm daily.

Legal Fees (Deposition & Testimonies): The rate for legal depositions, requested by either the client or client's attorney, for court appearance, with or without counselor's testimony is \$800.00. All requested deposition and court appearance fees must be paid in full 30 days prior to the scheduled deposition or trial, unless other arrangements have been made in writing. The party requesting the deposition or court appearance is responsible for payment.

Additional Fees: Anger Management sessions \$75.00 per class and requests for correspondence, court documents, physicians' forms, and disability packets there's a fee of \$25.00 for processing. Fees are due at time of service.

Services Offered and Clients Served: I approach counseling from an eclectic approach. The approach is determined by the problem concern and the best connection with the client. I work with a variety of formats, including individual, family sessions and group therapy. I see clients of all ages and backgrounds.

Telehealth Counseling: Telehealth counseling services are offered in addition to traditional counseling. I have completed the necessary training to provide this service. Additionally, credit hours are continued during each renewal period of licensure. One may opt to solely utilize telehealth therapy over face to face counseling at anytime. Should you desire telehealth services the confidential and HIPAA approved platform used is *Secure Video*. Due to the nature of therapeutic care, if you have suicidal thoughts or extreme serious mental illness that is not maintained, telehealth services are not recommended for you. All intake packets will have the Telehealth Statement attached and consent for services will be given prior to the session.

Platform: <https://myieshaonline.securevideo.com>

Code of Conduct: As a counselor, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by the Louisiana Board of Examiners. A copy of the code and conduct is available upon request.

Privileged Communications: Materials revealed in counseling will remain strictly confidential except for:

- 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 or a dependent child.
- 4.) A court order is received directing the disclosure of information.

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 apprise clients of all mandated

disclosures as conceivable. Any material obtained from a minor client may be shared with that client's parents or guardians.

Emergency Situations: If an emergency situation should arise you may seek help through hospital emergency room facilities or by dialing 911. When the receptionist is unavailable to take calls after hours, you may leave a message on my confidential voice mail and I will reach you as soon as possible.

Client Responsibilities: 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 concerns with me so that we may provide necessary adjustments. If it develops that you will be better helped by another mental health provider, I will assist you in the referral process. If you are currently receiving services from another mental health provider, I expect you to share this with me so that we may better coordinate services for you.

Physical Health: Physical health can be an important factor of emotional well being of an individual. If you have not had a physical examination within the last year, it is recommended that you do so. Also, please provide me with a list of medicines you are currently taking.

Potential Counseling Risk: 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 client should feel free to share these new concerns with me.

I have read the declaration of Practices and Procedures of Myiesha Spears-Beard, M.A., LPC-S, NCC, CMS-II and my signature below indicates my full informed consent to services provided by Myiesha Spears-Beard, M.A., LPC-S, NCC, CAMS-II.

Client Signature

Date

Myiesha Spears-Beard, M.A., LPC-S, NCC, CAMS-II

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Myiesha
(Name of Parent or legal guardian)

Spears-Beard, M.A., LPC-S, NCC, CAMS-II to conduct therapy with my

_____, (name of minor(s)) _____
(Relationship)

Signature of Parent or Legal Guardian

Date