



## ***Declaration of Practices and Procedures***

*Logan K. Williamson, LPC, LLC*

### ***Qualifications:***

I earned a Master's of Science degree in Counseling Psychology from University of North Texas in 2006. I am licensed as Licensed Professional Counselor #5494 with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, (225)765-2515.

### ***Counseling Relationship:***

I see counseling as a process in which you the client, and I, the Counselor having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

### ***Areas of Focus:***

I have generalist training and work with clients who have a variety of issues; however, I have specific focus in the treatment of neurobehavioral and mood disorders in children to young adults.

### ***Fees and Office Procedures:***

The fee for services is \$150.00 per 50 minute session for individuals and \$175 per 50 minute session for couples, and paid directly to (Logan K. Williamson, LPC). Payment for services is due at the close of each session. Payment is *not* accepted from insurance companies.

Appointments are typically set at the close of each session. I have afternoon, and evening appointments available Monday through Friday and morning and afternoon appointments on Saturdays. Appointments may be scheduled, rescheduled or cancelled with Logan Williamson, LPC from 9:00am to 5:00pm Monday through Friday. *Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.*

### ***Services Offered and Clients Served:***

Encountering the changes that we find difficult to make with someone who has experience and empathy can be very powerful. Clients come to me for different reasons; however, generally there are two categories. At certain times in one's life, a particular life stressor or developmental stage makes getting an outside perspective helpful. Transitions such as divorce, adoption, entering into new schools or new relationships would fit this description. Also difficulty handling feelings of sadness or anxiety, which were once manageable, would fall into this category.

Second, clients come to me for help with neurobehavioral disorders such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (Asperger's Syndrome). I have trained and worked closely with professionals with over 30 years' experience. Understanding the clinical differences and brain based issues in this population is essential.

Feedback that I have received from my clients is that I am positive, quick to make a connection, and put them at ease, while helping them establish concrete goals for them to work on between



sessions. I work from several different theoretical orientations; however, treatment cannot begin without a relationship. Once this is established, proven cognitive behavioral methods are typically used alongside a systemic approach.

I work with clients in a variety of formats; individual, family, couples and in a group format. I see clients of all ages and backgrounds.

***Code of Conduct:***

As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board. A copy of the Code of Conduct is available to you upon request.

***Confidentiality:***

Material revealed in counseling will remain strictly confidential except under 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 reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult.
4. A court order is received directing the disclosure of information.

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

It is my policy to assert confidentiality 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.

***Emergency Situations:***

When Logan Williamson, LPC is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may call East Jefferson General Hospital at 504-454-4377. You may also call 911 in case of an emergency.

***Client Responsibilities:***

You, the client are a full partner in counseling. Your honesty and effort are essential to success. As we work together, 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 I determine 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.



**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. Also, please provide me with a list of any medications that 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 you were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Logan K. Williamson, M.S., LPC and my signature below indicates my full informed consent to services provided by Logan K. Williamson, M.S., LPC.

\_\_\_\_\_  
Client 1 Name (printed)

\_\_\_\_\_  
Client 2 Name (in case of couples therapy)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 Signature (in case of couples therapy)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Logan K. Williamson, M.S., LPC

\_\_\_\_\_  
Date

**Parent/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give my permission for Logan Williamson, LPC  
(Name of parent or legal guardian)

to conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of minor)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date