

Declaration of Practices and Procedures
Michelle E. Wade, Ed.D., LCPC (MD), LPC (VA, LA), NCC, ACS, BC-TMH

Thank you for coming to my practice, I look forward to the opportunity to be of help to you and appreciate the trust that you are instilling in me to join you on this journey of self-growth.

This declaration of practices and procedures is designed to provide information about me as a counselor and my practice. We will go through this material together. Please feel free to ask for any clarification needed. I ask that you **read and sign** the last page in order to indicate your understanding of my procedures and your willingness to abide by these policies.

Qualifications

I am obtained my doctorate (Ed.D.) in counselor education and supervision from Argosy University – Northern Virginia in 2014.

I am licensed as a *LPC-S #8416* with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444. *I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLCPs)*

I am licensed as a LPC and Board Approved Supervisor as #0701005993 with the Virginia Board of Counseling, Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463, (804) 367-4610

Approach to Counseling/Counseling Relationship:

My approach to counseling is a holistic one and a partnership. As a counselor, I want my clients to reach their goals and be happy with who they are as a person. Acceptance of all aspects of one's self is what will lead to change. I will use a number of different techniques pulled from other theoretical approaches, but I subscribe to an existential/Gestalt theoretical background in which we will bring past experiences into the present moment. Verbal, as well as non-verbal cues will be observed and questioned. I will caution you that the counseling process may at times make you uncomfortable and I will always strive to push you beyond your perceptions of your capabilities; however, I will not push you past your actual capabilities. This is your journey and we will move at your pace and you ultimately set the goals.

I will ask of you what has brought you to therapy today, and by that I mean why now? While it may be past experiences that have led you to seek therapy, there is something in the present moment that has made it desirable to change and/or address those past experiences. I believe past experiences shape individuals as humans, but that it is important to "remain in the present". In other words, we will explore past experiences as a way to help understand current behaviors, thoughts, and feelings but we will deal with those in the present moment and how they are affecting you today.

Areas of Focus

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I provide mental health counseling for numerous topics such as depression, anxiety, anger management, ADHD, etc. Additionally, I do provide counseling for those individuals identifying within the LGBTGEQIAP+ and have worked with individuals within who identify within the BDSM or kink communities. This is why I provide professional development on these topics within the counseling profession and community. Additionally, I am nationally certified/trained to provide telemental health services. Finally, I am an Assistant Professor of Clinical Mental Health Counseling at University of New Orleans. Below you will find my other licensures and national certifications.

CERTIFICATIONS & LICENSURE

<u>Licensure/Certificate Title</u>	<u>State/Organization</u>
Licensed Professional Counselor & Supervisor	State of Virginia, License #0701005993
Licensed Professional Counselor & Supervisor	State of Louisiana, #8416
National Certified Counselor	National Board for Certified Counselors, Certificate #258344
Approved Clinical Supervisor	Center for Credentialing & Education, Certificate #ACS01835
Board Certified-TeleMental Health Provider	Center for Credentialing & Education, Certificate BC-TMH 1374

Confidentiality

I hold the trust that you put in me in high regard and great respect. For that reason, I will do all that I can to maintain confidentiality of the information that you share with me. Your client records will be stored digitally on an encrypted and password protected hard-drive that will be locked in a fireproof case when not in use.

Material revealed in counseling will remain strictly confidential except for material shared 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, or individual unable to grant consent, may be shared with the client's parent or guardian. However, I believe everyone has the right to establish the same level of trust with their therapist. Therefore, I will do my best to seek assent from the client before sharing information.

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Privileged Communication: 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.

Records Custodian: In the case of my incapacitation or death, you may contact my records custodian, Dr. Melissa Wheeler at (252) 412-5902 to obtain a copy of your records.

Fees and Office Procedures

The fee for services is \$125.00 per session and paid directly to Ultreya Therapy, Inc. Payment for services is due at the start of each session, so that we can focus on our time together. Payment is not accepted from insurance companies. However, if your insurance provider does provide reimbursement for services rendered I am willing to fill out any necessary forms for you to be reimbursed. Payment is accepted through Wave invoices.

Due to being a professor, my availability is variable. Therefore, my business hours are Monday through Friday 9am to 3pm and appointments may be scheduled, rescheduled or cancelled during these hours. Future appointments are typically set at the close of each session. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you. After the first no-show appointment, you will be charged for the missed appointment. Missed appointment charges are a full session fee.

With regards to additional services, if there is a need to utilize my time, you will be charged the same hourly (or proportion of hour) rate. For example, if you need me to fill out paperwork or write a letter for you, and that letter/paperwork takes me 15 minutes, you will be charged a quarter of \$125 or \$31.25 for my time. This applies to if I am asked to come to court or speak with a lawyer as well. You will be charged for all of the time that I am at the courthouse or lawyer's office and therefore unable to see other clients. However, please note that if we enter into a therapeutic relationship, I cannot provide a forensic and/or evaluation for you.

Contacting Me

You may reach me at (504) 656-6725. I may not be able to answer, so please leave a confidential voicemail and I will return your call within 48-72 business hours. However, you must leave a voicemail to receive a return call.

You may also reach me via email at mwade@ultreyatherapy.com While this email address is HIPAA compliant, I cannot guarantee confidentiality via email, therefore it is best not to use email if you want to maintain confidentiality.

Please note, I will not respond to emails or phone calls outside of business hours, which again are Monday through Friday 9am to 3pm.

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EMERGENCY SITUATIONS: If you have an **emergency** situation and need help **immediately**, go to nearest hospital emergency room or contact **911**. Also, in Orleans Parish area, you can call the Metropolitan Crisis Response Team at (504) 826-2675. If you reside elsewhere, I will provide you with the emergency response team best suited to meet your needs at the time of our first meeting.

Services Offered and Clients Served

Again, I approach counseling from a Gestalt and existential perspective. This means we will explore past experiences only in such a way as to how it is impacting you in the present moment. Additionally, we will explore deep, meaningful concepts such as helping you find meaning and purpose for your life. I work with clients in a variety of formats, including individually, as couples and as families. I also conduct group therapy. I see clients of all ages and backgrounds.

Technology Policy

In the age of social media, it is important to establish professional boundaries. Therefore, I will not friend/follow, etc any clients on any social media platform. I do have a professional social media presence and caution clients from liking or following me on those platforms. While doing so does not automatically imply you are a client, it could raise questions for others and therefore put your confidentiality at risk, so please be mindful if you do choose to follow any of my social media platforms, which can all be found on my website at www.ultreyatherapy.com

Client Responsibilities

Mental Health: 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. Please let me know of any physical concerns that you are aware of that may impede our progress together. Also, please provide me with a list of any medications that you are currently taking. I will also ask that you grant me permission to speak with your primary care doctor if need be.

Potential Counseling Risks and Benefits: You should be aware that counseling poses potential benefits and risks. While counseling can help bring about self-awareness and growth, it can also bring the potential for additional problems, such as changes in relationship dynamics and unexplored trauma. You may not have been initially aware of these things prior to counseling. If this occurs, you should feel free to share these concerns with me.

Code of Conduct

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As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC that has been adopted by my licensing boards, the Louisiana LPC Board of Examiners and Virginia Board of Professional Counselors. A copy of their Codes of Conduct are available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a LPC, you may contact the Louisiana LPC Board of Examiners or Virginia Board of Professional Counselors. The appropriate board to contact will be the one in which state that you reside. Additionally, as a member of the American Counseling Association and a Nationally Certified Counselor, I abide by the ACA Code of Ethics and the NBCC Code of Ethics, both of which can be provided to you upon request as well.

In my professional practice as a counselor, I do not discriminate in accepting and treating clients on the basis of: race, gender, age, marital status, color, religious beliefs, ethnicity, physical or mental disability or handicap, veteran status, sexual orientation, health status, having a criminal record unrelated to present dangerousness, or in violation of federal, state, or local laws. If you feel like you have been discriminated against, please bring this to my attention immediately so that we can try to remedy the situation. However, if you feel you cannot bring it to my attention, please refer to the above paragraph.

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Acknowledgement of Consent

I have read (or had read to me) the Declaration of Practices and Procedures of Ultreya Therapy, Inc and Dr. Michelle E. Wade. I have addressed any concerns with Dr. Wade, had my questions fully answered, and understand and agree to comply with these terms. My signature below indicates my full informed consent to services provided by Michelle E. Wade, Ed.D., LPC-S (LA, VA), NCC, ACS, BC-TMH

Signature of Client

Date

Signature of Parent/Guardian (if necessary)

Date

Signature of Parent/Guardian (if necessary)

Date

Signature of Counselor

Date

Teletherapy Declaration and Informed Consent

Licensed mental health professionals are required by their licensing boards to provide you, the client, with certain basic information. You have already received and signed the basic Declaration of Practices and Procedures from Michelle E. Wade, ED.D., LCPC (MD), LPC (VA, LA), NCC, ACS, BC-TMH. This Teletherapy Policy & Procedure document describes certain important aspects of therapy unique to Teletherapy. I am providing you this information for your review and agreement. Please read it carefully and discuss any questions you have before signing below.

By signing this form, you are not making a commitment to continue teletherapy therapy as a permanent modality, but you will continue to have that option should you and Michelle Wade both agree that it is in your best interest.

Telehealth Qualifications

I am a Board Certified Telemental Health Provider (BC-TMH) through the Center for Credentialing and Education, a nationally recognized organization for mental health professionals. This training is in addition to my education as a professional counselor and counselor educator. This training covered the areas Law and Ethics and Clinical Skills specifically related to telehealth care. Additionally, per licensure requirements, I will continue to receive at least three hours of continuing education around telemental health every two years. And to maintain the BC-TMH credential, I must accrue 20 continuing education credits regarding telehealth every 5 years. All teletherapy sessions will be conducted through Google Meet which is encrypted to the federal standards for HIPAA Compliance, and I have completed the Business Associate Agreement (BAA) with Google Enterprise.

Scheduling and Structure of Teletherapy

Counseling sessions will be scheduled in 50-minute increments, unless we agree on a different time schedule. The next session will be scheduled at the end of the current session, unless otherwise agreed upon. The structure of sessions will be dependent on the treatment plan and interventions being used.

Ethical and Legal Rights Related to Teletherapy

As I, Michelle E. Wade, am licensed in Louisiana and Virginia, I am allowed to practice telehealth in both states. However, it is important to note that I will not be conducting Teletherapy in any other state than the aforementioned ones, unless I specifically seek and obtain licensure in that other state. It is important for you, as a client, to realize if you should relocate to a state in which I am not licensed in, I no longer have the legal or ethical ability to continue to conduct teletherapy with you.

Client Responsibilities

All clients should:

- Be appropriately dressed during sessions.
- Avoid using alcohol, drugs, or other mind-altering substances prior to session.
- Be located in a safe and private area appropriate for a teletherapy sessions. (you will need to indicate where you are located at the start of every session)
- Make every attempt to be in a location with stable internet capability.

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Clients should **NOT**:

- Record sessions unless first obtaining permission.
- Have anyone else in the room unless you first discuss it with your counselor.
- Conduct other activities while in session (such as texting, driving, etc.).

* If the client is a minor, a parent or guardian must be present at the location/building of the teletherapy session (unless otherwise agreed upon with the counselor).

Potential Technology Counseling Risks

When using technology to communicate on any level, there are some important risk factors of which to be aware. It is possible that information might be intercepted, forwarded, stored, sent out, or even changed from its original state. It is also possible that the security of the device used may be compromised. Best practice efforts are made to protect the security and overall privacy of all electronic communications with you. However, complete security of this information is not possible. Using methods of electronic communication with us outside of our recommendations creates a reasonable possibility that a third party may be able to intercept that communication. While we will do our best to mitigate and reduce any risk to compromised confidentiality on our part (i.e. using HIPAA compliant applications/software/communication, using pass phrases to confirm identity), it is your responsibility to review the privacy sections and agreement forms of any application and technology you use. Please remember that depending on the device being used, others within your circle (i.e., family, friends, employers, & co-workers) and those not in your circle (i.e. criminals, scam artists) may have access to your device. Reviewing the privacy sections for your devices is essential. Please contact me with any questions that you may have on privacy measures.

Potential Limitations to Teletherapy

Teletherapy is an alternate form of counseling and should not be viewed as a substitution for taking medication that has previously been prescribed by a medical doctor. It has possible benefits and limitations. By signing this document, you agree that you understand that:

- Teletherapy may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.
- Misunderstandings may occur due to a lack of visual and/or audio cues.
- Disruptions in the service and quality of the technology used may occur.

Emergency Situations

The following items are important and necessary for your safety. The clinician will need this information in order to get you help in the case of an emergency. By signing this consent to treatment form you are acknowledging that you have read, understand, and agree to the following:

- The client will inform Michelle E. Wade, ED.D., LPC (LA, VA), NCC, ACS, BC-TMH of the physical location where they are and will utilize consistently while participating in sessions and will inform counselor if this location changes.
- In the first teletherapy session, you will provide the name of a person counselor is allowed to contact in the case she believes you are at risk. You will be asked to sign a release of information for this contact.
- In the first teletherapy session, you will provide information about the make, model, color, and tag number of your automobile.

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- In each session you will provide information about the nearest emergency room or emergency services (such as fire station, police station, if there is not an emergency room nearby.)
- Depending on the assessment of risk and in the event of an emergency, you or Michelle E. Wade, ED.D., LPC (LA, VA), NCC, ACS, BC-TMH may be required to verify that the emergency contact person is able and willing to go to the client's location and, if that person deems necessary, call 911 and/or transport the client to a hospital. In addition to this, counselor may assess, and therefore require that you, the client create a safe environment at your location during the entire time of treatment. If an assessment is made for the need of a "safe environment" a plan for this safe environment will be developed at the time of need and made clear by counselor.
- In the case of a need to speak to me between sessions, please call, or text, and leave a message. **I do not provide emergency services on a 24-hour basis.** If your emergency is after hours, please contact your nearest emergency room. Typically contact between sessions is limited to arranging for appointments.
- If you are in need of the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely be meeting with more than one counselor, unless the two counselors have agreed to coordinate your care. You will be asked to sign releases of information for any one you wish me to coordinate care with.

Backup Plan In Case of Technology Failure

A phone is the most reliable backup option in case of technological failure. It is, therefore, highly recommended that you always have a phone at your disposal and that I know your phone number. If disconnection from a video conference occurs, end the session and I will attempt to restart the session. If reconnection does not occur within five minutes, call me at the contact number I have provided. If, within 5 minutes, I do not hear from you, you agree (unless otherwise requested) that I can call the provided phone number.

Consent to Teletherapy

I have read this Declaration of Telehealth Policies and Procedures and my signature below indicates my full informed consent to services provided by Michelle E. Wade, ED.D., LCPC (MD), LPC (VA, LA), NCC, ACS, BC-TMH via teletherapy treatment.

Client Signature:

Date:

Clinician's Signature:

Date:

Options for recording your signature:

- You may sign this document while I am watching via video; or
- You may scan the signature page and send it via text to me; or
- You may snap a picture and send it via text to me;
- You may mail your signed document, sending it to me at the address at the top of this document.)