

# Leigh Ann O'Brien, LCSW

Licensed Clinical Social Worker

7330 Fern Avenue, Suite 404 • Shreveport, Louisiana 71105  
(318) 677-8331 • laobrien225@gmail.com • leighannobrienlcsw.com

## Declaration Of Practices And Procedures

**QUALIFICATIONS:** I received my Masters of Social Work from Grambling State University in Grambling, University in 1995. I am a Licensed Clinical Social Worker, LCSW #4459 and I am registered with the LABSWE Board of Examiners that is located in Baton Rouge, LA.

**COUNSELING RELATIONSHIP:** I believe that the counseling relationship must include trust, honesty and mutual respect between all involved parties in order to be effective. I seek to aid clients in identifying problems in their lives and setting clear goals for improvement. Through the therapeutic process, I believe that clients will be able to achieve positive changes in their lives. Clients must make their own decisions regarding life circumstances. As part of the therapy process, I will assist clients in examining the consequences of decisions, but my Code of Ethics does not allow me to advise a specific decision. Our counseling relationship will be strictly professional and will not become personal at any time.

**AREAS OF EXPERTISE:** I work with children, teenagers and adults who are dealing with stressors in their lives, relationships, families and workplaces. I have experience with clients dealing with grief, depression, anxiety and other mood disorders, marital stress and divorce, trauma and recovery from addiction.

**FEE SCALES:** The standard fee for individual services is \$200.00 per 50-minute session, and all fees, (including co-payments or payments towards deductibles) are payable in advance of each session. I accept some private insurance, and clients must supply my

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office with information regarding deductibles, co-insurance and co-pays. **The fee for a missed appointment is \$200.00 for self-pay and \$100.00 for clients with insurance. This can be avoided by cancelling the appointment 24 hours in advance.**

**SERVICES OFFERED AND CLIENTS SERVED:** My approach to counseling is primarily systemic, cognitive behavioral and solution-focused. I believe that thoughts underlie problems with emotions and behaviors, and that identification of problem thinking and potential solutions is crucial to making lasting positive changes. I also believe that individuals operate within larger systems, including families and workplaces, and that attention to these systems is necessary in dealing with issues of mental health. Further, I believe in a mind-body-psyche connection that allows a person to function fully as a healthy individual. I provide therapy for children, teenagers and adults.

**PRIVILEGED COMMUNICATIONS:** Anything revealed in either family or individual counseling sessions will remain strictly confidential between you, the client, and me, except for the following situations in accordance with the law:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm him/himself or someone else.
3. There is reasonable suspicion of abuse or neglect against a minor child, elderly person (age 60 and over), or dependent adult.
4. Court order directs the disclosure of such information.

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Information gathered from a client can be shared with a family member or healthcare providers when an "Authorization to Release or Obtain Health Information" is signed by the client. Further questions concerning the issue of confidentiality and law may be addressed at any time the client wishes.

**EMERGENCY SITUATION:** Should an emergency arise, you may seek help by calling Willis-Knighton Institute for Behavioral Medicine at 212-5200 for 24-hour assistance, or through the nearest emergency room or by calling 911.

**I have read and understood the above information.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

**For minor patients, the following signatures are required:**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Relationship to Client

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## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Uses and Disclosures

**TREATMENT:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of your therapy evaluation and plan of treatment will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**PAYMENT:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

**HEALTHCARE OPERATIONS:** Your health information may be used or disclosed in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, and credentialing activities.

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**LAW ENFORCEMENT:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**ABUSE OR NEGLECT:** Your health information may be used or disclosed to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**PUBLIC HEALTH REPORTING:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**APPOINTMENTS:** Your health information will be used to schedule appointments and verify your insurance benefits.

**INFORMATION ABOUT TREATMENT:** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

**MARKETING HEALTH RELATED SERVICES/FUNDRAISING:** We will not use your health information without your written request.

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Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of authorization. However, our decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## Individual Rights

You have rights under the federal privacy standards. These include the right:

- To receive confidential communications concerning your medical conditions and treatment
- To request restrictions on the use and disclosure of your protected health information
- To inspect and copy your protected health information
- To amend or submit corrections to your protected health information
- To receive an accounting of how and to whom your protected health information has been disclosed
- To receive a printed copy of this notice

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy practices that are outlined in this notice.

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## Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form request to access your records by notifying me.

If you would like to submit a comment or complaint about these privacy practices or if you believe that your privacy rights have been violated, you should bring this matter to my attention immediately, either in person or in writing to the address above. You will not be penalized or otherwise retaliated against for filing a complaint.

This notice is effective on or about January 1, 2003 and will remain in effect until replaced.

**I have received a copy of the Notice of Privacy Practices for Leigh Ann O'Brien, LCSW.**

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Name of Client / Representative

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Signature

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## Missed Appointment Policy

When you book an appointment with me, that time is set aside for you. For this reason, if you are unable to keep your appointment, I ask that you give me at least 24 hours notice so that I may offer that time to another client.

If you do not provide me with at least 24 hours notice, you will be responsible for paying my Missed Appointment Fee **in the amount of \$100.00**. Please understand that HEALTH INSURANCE DOES NOT PAY FOR MISSED APPOINTMENTS. This fee is your sole responsibility.

**By your signature below, you agree to the terms of this Missed Appointment Policy.**

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Client Signature

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Date