

PARTICIPANT ORIENTATION AND CLIENT RIGHTS

**Matthew McNally, MA, Counselor Intern
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Lake Charles, LA 70601
337-310-2822**

Before I meet my clients for the first time, I want to make sure that they are fully aware of the scope and limitations of the Employee Assistance Program. In order to accomplish this, I have prepared the following list of guidelines for your review. After you have had an opportunity to review the items and feel you understand them, please sign and date the Documentation/Signature page. Feel free to ask for an explanation of any items which are unclear.

Counselor Intern Information

I received my Master of Arts degree in Counseling Psychology from McNeese State University in Lake Charles, LA. I am a counselor intern (CI #3921) registered with the Louisiana Licensed Professional Counselor Board of Examiners, which is located at 8631 Summa Avenue, Baton Rouge, LA 70809 (phone 225-765-2515). My supervisor is Keri Forbess-McCorquodale, MS, CEAP, LPC, LMFT. Her office is located at 1201 Ryan Street in Lake Charles, LA (phone 337-310-2822). I also have an off-sight supervisor, Brenda Roberts, EdD, LPC, LMFT. Her office is located at 614 Esplanade Street in Lake Charles, LA (phone 337-478-1411).

I provide therapy for individuals, couples, and families. Services are provided to children, adolescents, and adults. I accept a client's immediate family relationships and larger social context as being at the core of the client's problems. Consequently, these relationships also serve as the most meaningful solutions to the individual's problems. Goals for therapy are always established through collaboration with the client. The overall goal is the successful resolution of the presenting problems that are deemed the most important by the client/therapist team.

Eligibility and Voluntary Participation

The program is available to all designated employees and their immediate family members. Solutions Employee Assistance Program offers problem assessment and referral, treatment and care, crisis intervention, and follow-up counseling. The decision to participate in the Employee Assistance program is voluntary even though clients may

have been referred to the program by family members, union officials, management, or the medical department.

Confidentiality

Information contained in individual Employee Assistance Program files will not be released without client authorization, except as required by law. Verbal authorization will not be sufficient except in emergency situations. All material will be kept confidential except for material shared with my supervisor and under the following circumstances in accordance with state law: cases of child abuse, abuse/neglect of an elderly person (60 or older), abuse/neglect of a disabled person, suicidal ideation, homicidal ideation, and court order.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for the mandated exceptions already noted), unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

As a Counselor Intern, I am required by Louisiana state law to adhere to the principles outlined in the Louisiana Code of Conduct for Licensed Professional Counselors. A copy of this code of conduct is available upon request.

PARENT/GUARDIAN: For clients under the age of 18, confidentiality will be maintained except as mandated by law. Signature of this document indicates that certain topics (e.g., religion, sexual matters, drugs and alcohol) can be addressed by the therapist if presented by the client.

***Because of the importance of confidentiality, please bring only people who are going to be seen by me to the Solutions office.**

Compliance with Work Rules/Standards

Employees participating in the program should not expect any special privileges or exceptions to normal work rules or performance standards. Nothing in this Employee Assistance Program is to be interpreted as a waiver of the right of any employee to use the grievance procedure provided by your company.

Job Security

Your company has agreed that your job security and promotional opportunities will not be jeopardized solely as a result of a request for help with your problems.

Fees

EAP Clients- Because your employer recognizes the importance of having an Employee Assistance Program, there are a predetermined number of sessions you will be able to attend.

EAP and Private Clients- Should you fail an appointment, you will be charged a fee of \$40.00 for a full hour session and \$20.00 for a half session. A failed appointment is defined as an appointment not kept and/or not canceled within 24 hours of said appointment. You will not be able to file the fee for insurance reimbursement, and you will not be able to reschedule until you have cleared your balance. __

Any charges incurred due to insufficient funds will be the responsibility of the client. Charges resulting from stop payment on reimbursement checks may be charged to the client. There is a \$25.00 fee for each returned check. All balances on your account must be paid in order to schedule an appointment. All fees are paid to the agency.

Referrals

Occasionally, referrals are made to qualified professional agencies and individuals in the community. Referrals may include substance treatment, financial counseling, or legal counseling. Financial responsibility for such services shall rest with the client.

Emergency Situation

In case of an emergency situation during regular office hours, call or come to the Solutions office, whereby I or another counselor in the office will assist you. After office hours, contact the office at the regular number, (337)310-2822 whereby our 24-hour answering service will contact the counselor on call.

Client Rights

Our staff of professional counselors wants to assist you and provide the best possible service. As a client of the Solutions Employee Assistance Program, you have the prerogative to know your rights. Please feel free to discuss any questions with me.

- You have the right to expect prompt, professional and courteous service.
- You have the right to be served without discrimination as to sex, race, creed, color, religion, or national origin.
- You have the right to have the nature of the recommended treatment and any specific risks of such treatment carefully explained to you.
- You have the right to assist in planning your treatment.
- You have the right to confidentiality. Except as may be required by law, no information concerning you, your family, or your treatment, may be given out without your consent in writing.
- You have the right to privacy. Your case will not be discussed by the staff in front of visitors or other clients.

- You have the right to be told if the program cannot provide the services that you need.
- You have the right to refuse treatment or request a change in your treatment goals.

Counseling Relationship/Client Responsibilities

If you must cancel an appointment, please let us know at least 24 hours before the scheduled appointment. You will be charged a fee of \$40.00 for all failed full hour appointments and \$20.00 for all failed half hour appointments, which is defined as an appointment not kept and/or not canceled within 24 hours of said appointment. **If you arrive late for an appointment, you will be seen at the therapist's discretion.**

Your physical health has a large bearing on your mental health. It is suggested that you receive a complete physical if you have not done so within the last year. Also, please take care to fill in the area of your paperwork designated for medications.

You must let me know of any ongoing relationship with another mental health professional (therapist, psychologist, social worker, etc.) so that we may coordinate our services for you. Additionally, should you be dissatisfied with our relationship or wish to see another therapist within or outside this agency, you must terminate our counseling relationship before being seen by another mental health professional. I will assist you with the referral process. According to my Code of Conduct, permission must be granted by the first therapist for the second to work with the same client.

Counseling is most effective when all participants are committed to improving. Progressing towards your goals may require you to become more aware of problems, both known and unknown to you. Changing your behavior and/or beliefs may also elicit diverse reactions from your family and friends. In many cases as you begin to work towards solutions, different emotions will arise which may be unpleasant for a time.

Remember, the final results of this experience are your responsibility. Therefore, it is very important for you to supply me with accurate, appropriate information and feedback so that I may be of the utmost assistance to you.

I look forward to working with you as we find solutions for your life!