



"for your employees...for your success"

PARTICIPANT ORIENTATION AND CLIENT RIGHTS

**Kendall M. LeJeune, MA, LPC
1201 Ryan Street
Lake Charles, LA 70601
337-310-2822**

I am pleased that you have chosen me as your mental health counselor. This document serves to inform you of my background and to be sure you understand our professional relationship. The counseling relationship is meaningful and should facilitate personal growth. The environment should consist of openness and honesty and is a trusting and safe environment. I am open to discuss with you my principles and philosophies of the counseling relationship to allow the greatest potential for personal growth. Entering into the relationship is voluntary, and my goal is to provide every effort to ensure the greatest potential for growth.

Therapist Information

I hold a Master of Arts degree in Psychology from McNeese State University. I am a Licensed Professional Counselor (LPC #3040) with the State of Louisiana. My counseling includes working with individuals, adults, adolescents, children, families, and groups. I use various integrative approaches, but I generally incorporate a cognitive and thinking view of behavior – some of which can be personally challenging. I have experience working in a variety of areas such as personal / social issues, stress management, parenting skills, family dynamics, interpersonal relationships, crisis intervention, anger management, substance abuse, grief, juvenile offenders, student guidance, and brief interventions. I have had a post graduate course and experience in clinical supervision.

My services will be rendered in a professional manner consistent with accepted ethical standards as determined by the Code of Conduct for Licensed Professional Counselors. A copy of the code is available upon request. If I am unable to address your needs, or if you become dissatisfied with my services, please let me know. Formal complaints about code violations can be made to the Licensed Professional Counselors Board of Examiners; 8631 Summa Avenue, Suite A; Baton Rouge, LA 70809.

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

All records pertaining to the Solutions EAP are treated with 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. Should a third party insurer be utilized, such as health insurance policies, or HMO/PPO plans, you must sign a release of information and all information will be disclosed. Exceptions mandated by law are as follows: cases of child abuse, abuse/neglect of an elderly person (65 or older), abuse/neglect of a disabled person, suicidal ideation, homicidal ideation, and court order.

I am required to adhere to the Louisiana Code of Ethics for Licensed Professional Counselors for all issues including confidentiality. I will keep confidential anything you say to me unless you direct me in writing to release information to someone else. I am required by law to release information, in my professional judgment, if a client relates to me the following:

1) that you present a serious and/or imminent danger to yourself or others; 2) abuse of any kind is involved; and/or 3) a judge may order me to disclose information we have discussed even though there is a statute in Louisiana that presumes courts may not order me to disclose confidences that you have related to me.

In counseling with more than one individual (couples, family, groups, etc.), the counselor cannot disclose any information to other members outside of the sessions without written authorization from each member for disclosure of confidences to other members. Also, I request and suggest that information discussed in groups to be kept confidential by all group members. I also recommend based on training that group members avoid socializing outside of group settings and find social supports in social settings other than groups other than the group setting. It is common for counselors to professionally review situations and conceptualizations with colleagues. Confidentiality is considered during such conceptualizations.

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 (EAP Clients Only)

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 (EAP Clients only)

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 is a predetermined number of sessions you will be able to attend. There is no cost to employees under a contracted Solutions EAP service; this is not inclusive of insurance EAP services.

Failed EAP Appointments – 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. If you must cancel an appointment, please let us know at least 24 hours before the scheduled appointment. **If you arrive late for an appointment, you will be seen at the therapist's discretion.**

Private-pay and Insurance Clients – Private-pay rates are \$115 for the initial evaluation, \$95 per session, and \$65 per half session. Insurance rates are determined by in-network and out-of-network status. If your case is no longer covered by EAP sessions, you have the choice of private pay or continuing under your insurance plan. If you are required to pay for sessions after insurance is accepted, you will not be charged more than your insurance rates.

Failed Insurance and Private-pay Clients – Should you fail an appointment, you will be charged the fee for the session duration. Insurance will not cover a failed appointment. A failed appointment is defined as an appointment not kept and/or not canceled within 24 hours of said appointment. If you must cancel an appointment, please let us know at least 24 hours before the scheduled appointment. **If you arrive late for an appointment, you will be seen at the therapist's discretion.**

NSF or returned checks- 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.

Referrals

Occasionally referrals are made to qualified professional agencies and individuals in the community. 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 in 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.**

I believe your responsibilities as a client to be: follow office procedures for scheduling and keeping appointments; follow office policies for payment of fees; participate equally in the counseling relationship; and should you be dissatisfied with our relationship or wish to see another therapist, terminate our counseling relationship before being seen by another mental health professional. Clients are expected to make their own decisions regarding personal and life issues (marry, divorce, separate, reconcile, parenting, custody, visitation, etc.). I will provide assistance with exploring consequences and outcomes of these choices related to your goals. You are expected to inform me of any changes to you health, medical treatment, or conditions that might impact your counseling. As we work together, I expect you to share your ideas and goals so that the experience can benefit you to the fullest. If issues arise for which I do not possess the ability or believe that another service would better serve you, I will assist you with a referral.

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.

Each appointment is 50 minutes and arrangements can be made for 30-minute Appointments. You must provide a 24-hour notice for cancellation or rescheduling of any appointment. If you do not provide adequate notice, you will be charged for the appointment. *No additional appointments will be scheduled until the failed appointment is paid in full.* Of course, exceptions can be made at my discretion in case of extreme emergencies. **Due to my scheduling, cancellation exceptions are rare.**