

Declaration of Practices and Procedures

Crystal Antle, LCSW, LLC
7620 Goodwood Boulevard
Baton Rouge, LA 70806
225-978-0008

Qualifications: I earned a Bachelor's degree in Social Work in 2003. I worked in the field for several years prior to enrolling in graduate school. In 2013, I obtained my Master of Social Work and completed all required work and supervision hours necessary to test for the licensed clinical social work exam (LCSW). I obtained my LCSW in October 2017.

Area of Focus: I work with clients with issues such as mood and anxiety problems, relationship difficulties, traumatic life experiences and dysfunctional eating and exercise habits. The goal is to establish healthy habits and coping skills and to improve life satisfaction and overall wellness.

Fees and Office Procedures: The general fee for a one-hour individual session of psychotherapy is \$125; Insurance coverage is pending at this time. I accept cash, check, debit and most major credit cards. I do require a credit card be kept on file, and reserve the right to process the card on file for \$60 should an appointment be missed/rescheduled without a 24 hour notice.

Appointments are typically set at the close of each session. I have early morning openings, as well as afternoon appointments Monday through Friday after 4:00PM and from 8:00 AM to 12:00 PM on Saturdays. Appointments may be scheduled, rescheduled, or cancelled by calling my office phone at 225-978-0008 Monday through Friday. Again, failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge of \$60 for the time reserved for you.

Services Offered and Clients Served: I work with clients aged 10 and above of all backgrounds. I utilize a variety of therapeutic techniques when working with individuals, couples and families, and I tailor each session based upon the client's specific needs.

Code of Conduct: As an LCSW, I am required by law to adhere to the Social Work Code of Ethics that has been adopted by my licensing board. A copy of the Code of Ethics is available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential with the following exceptions:

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.
5. Insurance companies and other third-party payers are given information that they request regarding services to the clients.

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.

Privileged Communication: It is my policy to assert privileged communication on behalf of the client and 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 deemed reasonable.

Emergency Situations: When I am unavailable to answer calls during normal office hours, you may leave a voicemail and I will return your call as soon as possible. In the case of a situation when an immediate response is necessary, you may call the Baton Rouge Crisis Intervention Center at 225-924-3900. In the event of a medical emergency, call 911 or report to the nearest emergency room. I request that you contact me with information as to the outcome of your emergency room visit, especially if there are changes to your medication or you require an inpatient stay. Please do not communicate a life or death emergency situation with me through email or text; I do not respond to emergencies or crises through email and text. Please call the appropriate parties or report to your nearest emergency room or call 911.

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 better serve you.

Termination of Services: The client has the right to end counseling at any time. If no sessions are completed in a 45 day span, files will be closed and the therapeutic relationship terminated automatically. If the client wishes to seek services again, he/she must call to schedule an appointment to reinitiate the therapeutic relationship. I reserve the right to refuse treatment to any client whom I feel is a danger to myself, my family or the facility in which I work. I will make referrals to more appropriate placements or higher levels of care, as appropriate.

Electronic Communication: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While, I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. It is very important to be aware that computers and unencrypted email, texts and fax communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts and faxes, in particular are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, text and faxes that go through their systems. While my email and electronic medical records are HIPAA compliant, my telephone and fax machine are not. It is always possible that faxes, texts and email can be sent erroneously to the wrong address and computers. My laptop is equipped with a firewall, virus protection, facial recognition software and a password. If you choose to communicate with me via email, be aware that all emails are retained in the logs of both your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. You should also know that any emails I receive from you and any responses that I sent to you become a part of your legal record.

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. I must be informed of your regular physical activities and exercise regimen. Also, please provide me with any prescribed medications, over the counter medications, recreational drug use (including tobacco and alcohol use) 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 Crystal Antle, LCSW, and my signature below indicates my full informed consent to services provided by Crystal Antle, LCSW, LLC.

Client Signature _____ Date _____

Crystal Antle, LCSW _____ Date _____