

## **Declaration of Practices and Procedures**

Walker E. Marsh, Jr., Ph.D., LMFT, LPC  
85 Whisperwood Boulevard  
Slidell, Louisiana 70458  
(985) 661-0560

Qualifications: I earned a Th. M. in Psychology and Counseling from Trinity Evangelical Divinity School (1993). Additionally, I earned another Th. M. in Psychology from New Orleans Baptist Theological Seminary (2002) and received my Ph. D. in Psychology from New Orleans Baptist Theological Seminary in May 2003. I am registered as a Licensed Professional Counselor (# ) and as a Licensed Marriage & Family Therapist # (MFT-345) with the LPC Board of Examiners at:

8631 Summa Avenue  
Baton Rouge, LA 70809  
Phone: (225) 765-2515

The Counseling Relationship: The counseling relationship is defined both by my denominational and professional statements of ethics. I subscribe to both the doctrinal statements of the Southern Baptist Convention as defined in the current revision of the Baptist Faith and Message of 2001 and the statement of ethics of the American Association of Marriage and Family Therapists (AAMFT) and American Association of Christian Counselors (AACC). The goals of therapy in my practice are to work in collaboration with the client(s) to assess, identify, and explore present problems and future goals with the intent of helping the client achieve successful and productive lifestyles.

Areas of Expertise: I work with adult couples and individuals with a wide range of problems, but focus on marriage and family issues. I am a Clinical Member of the American Association of Marriage and Family Therapists (AAMFT). Additionally, I am a member of the American Association of Christian Counselors (AACC).

Services Offered and Clients Served: I use a wide variety of counseling modalities and methodologies in treating my clients, including individual, conjoint, family, and group settings. I work with clients of all ages with the exception of children under the age of ten.

Privileged Communication: All communications, whether written or oral, between the therapist and the client(s) will be held in the strictest confidence as governed by, the Privacy Act of 1974, the Ethics Codes of the AAMFT and AACC, current HIPPA regulations, and applicable state laws. The only exceptions to this policy are:

1. The client has indicated informed consent of the release of information by having signed a Release of Information Consent Form and filed it with my office.

2. The client expresses intent to harm himself/herself or someone else.
  3. There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult.
  4. A court order is received directing disclosure of information. In the event of a court ordered release of information, I will make every effort to contact the client and advise them of the order prior to the release of information. This, however, may not be possible in every case.
- In the event of marriage or family counseling, material obtained from an adult client individually cannot be shared with any other person or family member without the client's written permission. Material obtained from a minor can be shared with the client's parents or guardians.

Client's Responsibility: It is agreed that the client(s) will make a good faith effort to achieve personal and/or couple growth and will actively engage in the counseling process. Either the counselor or the client(s) may initiate suspension, termination, or referral of services. Before establishing a professional counseling relationship with me, clients who are already involved in an ongoing professional relationship with another mental health provider must either,

- (1) Provide a written statement from the current therapist granting permission for me to work with the client(s), or in the absence of such permission,
- (2) Meet with their current therapist to discuss termination of their relationship.

Potential Counseling Risks: Even though psychotherapy and psychoeducation may be therapeutic and beneficial to some individuals, there are inherent risks of which the client(s) need to be aware. It is understood by the client(s) that involvement in therapy necessarily includes the possibility that they may make life-changing decisions. These decisions may include, but are not limited to, the decision to reconcile or separate from family members or others with whom they have relationships, the decision to change employment, or otherwise redirect the course of his/her life. As your therapist, I will be available and pleased to discuss any and all concerns, issues, problems, or possible negative repercussions of your decisions.

Physical Health: It is understood that good physical health has a direct relationship to good mental and marital health. It is suggested that client(s) have a complete physical examination prior to beginning therapy, if he/she has not had one within the past year. Also client(s) are requested to provide to the therapist a list any medications that he/she may be taking.

After Hours and Emergencies: Regular business hours are 0900 (9am) – 2100 (9pm) Monday, Tuesday, and Thursday and 0900 (9am) – 1700 (5pm) on Wednesday and Friday. We are closed on Saturdays and Sundays and most holidays. When the office manager/receptionist is not at the desk, or outside of regular business hours, you may leave a message on my answering machine and I will return your call when I return to the office. In the event of an emergency or if immediate care is needed, you should contact the emergency room at Northshore Regional Medical Center at (985) 649-7070. In an

emergency, you may also contact me on my cell phone at (985) 290-3061 or e-mail me at [walker@northshorefc.net](mailto:walker@northshorefc.net).

***Fees and Length of Therapy:*** All fees and charges will be as published in the current fee schedule, unless the therapist and client(s) have made other arrangements. All fees are due when services are rendered. Fees may be paid by cash, check, or credit card. We accept Visa, Mastercard, American Express, and Diner's Club. There will be a \$30.00 fee assessed for any check returned by a client's financial institution. The client is responsible for and agrees to pay all charges and fees assessed for the processing of returned checks. In the event that a client's account is over 90 days in arrears and goes into collection, the client is responsible for all legal and administrative fees incurred during the collections process.

***Appointments and Insurance Claims:***

***Insurance:*** My office will make every effort to work with your insurance company to ensure timely filing and payment, if you provide current and policy information and phone numbers of your insurance company. You can facilitate this process by consulting your insurance company in advance regarding the extent of your mental health coverage and whether or not I am in network with them. If the insurance company refuses to pay or denies your claim, you are responsible for all charges. New clients are asked to pay for the initial session in full. Any overpayments or credits due to insurance billing will be refunded or applied to further sessions. Necessary forms for filing insurance claims can be found at the Northshore Family Counseling, LLC website at <http://www.northshorefc.net>.

***Appointments:*** Appointments are typically set at the conclusion of each session and are available Monday through Thursday throughout the day and on Friday until noon. Appointments may be changed, canceled, or rescheduled during regular business hours, Monday through Friday. ***Failure to give twenty-four (24) hours notice of appointment changes or cancellations will result in a charge for the session.***

***Please Ask Questions:*** You may have questions regarding my qualifications, or other issues not addressed in the previous paragraphs. It is your right to have a complete explanation for your questions at any time. Please exercise this right. As a Licensed Marriage & Family Therapist and a Professional Counselor, I am required to adhere to Codes of Ethics established by the Louisiana Licensed Professional Counselors Board of Examiners for Licensed Marriage & Family Therapists and for Licensed Professional Counselors. Copies of these codes are available from the Board upon request.

Client(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Walker E. Marsh, Jr., Ph.D, LPC, LMFT

**PERMISSION TO TREAT A MINOR**

I, \_\_\_\_\_, give permission for Walker E. Marsh, Jr., Ph.D., LPC,  
LMFT  
(Name of Parent or Guardian)

To conduct therapy with my \_\_\_\_\_, \_\_\_\_\_  
(Relationship) (Name of Minor)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)