

# Aden Burka Wright, LCSW

7821 Maple St. New Orleans, LA 70118 (504) 303-4034

[www.adenburkawright.com](http://www.adenburkawright.com)

## DECLARATION OF PRACTICES AND PROCEDURES

- 1. Qualifications:** I earned a MSW degree from University of Texas. I am licensed in Louisiana as a LCSW (Licensed Clinical Social Worker).
  - Louisiana State Board of Social Worker Examiners, 18550 Highland Road, Suite B, Baton Rouge, Louisiana 70809, Telephone (225) 756-3470.
- 2. Counseling Relationship:** I see counseling as a process in which you, the client, and I, the counselor, work together in an effort to : (a). develop a relationship founded on trust and understanding; (b). explore and define the issues that led you to seek counseling; so that (c) you can effectively develop both your life goals and your plans for implementing those goals; and (d) you can strive towards realizing those goals.
- 3. Areas of Expertise:** I have a general practice but have specialized training and experiences in assisting clients in working with issues related to anxiety, depression, obsessive compulsive disorder, attention deficit and hyperactivity disorder, and relationship issues.
- 4. Fee Scales:** Fees vary by service type and are due at the time of service. Clients are seen by appointment only. There will be a \$100.00 no show fee in the event you do not provide 24-hour cancellation notice. Payment is accepted from certain insurance companies. Insurance companies do not reimburse for missed appointments.
  - Initial Consultation for Individual Therapy (60 min) \$100
  - Individual Therapy Session (50 min) \$100
  - Family Therapy Session (50 min) \$100
- 5. Services Offered and Clients Served:** I approach counseling from an integrative perspective taking into account the client's physical, emotional, social and spiritual needs to develop treatment goals. Treatment techniques include cognitive behavioral therapy, psychological education, insight therapy, as well as family systems theory. I work with a variety of clients in both individual, dyadic, family and group counseling formats.
- 6. Code of Conduct:** As a social worker, I am required by state law to adhere to the code of conduct for practice that has been adopted by my licensing board. A copy of this code is available on request.
- 7. Privileged Communication:** Materials 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, including that required by health insurance companies.
  2. The client expresses intent to harm him/herself or someone else.
  3. There is reasonable suspicion of abuse or neglect of a child, elderly person over the age of 60 or a dependent adult.
  4. A court order is received requiring legal disclosure of information.

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It is my policy to assert privileged communication on behalf of the client and the right 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 conceivable. In the event of couples, marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse, partner or other family members only with the client's permission. Any material obtained from a minor client may be shared with that client's parents or guardian.

- 8. Emergency Situations:** If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911.
- 9. Client Responsibility:** You, the client, are a full partner in counseling. Your honesty, effort and commitment to the counseling process are essential to its success. If as we work together you have suggestions or concerns about the counseling process, I expect you to share those concerns with me as they arise so we can make the necessary adjustments to continue to allow the process to best serve you. If it develops that you may be best served by another mental health provider, I will assist you with the referral process. If you are currently receiving services from another mental health provider, I expect you to inform me of this and to grant me permission to share information with your provider in order to effectively coordinate your services.
- 10. After Hours Crisis:** I do not provide after hours crisis counseling. Clients experiencing a mental health crisis should go to the nearest hospital emergency room to seek assistance. Additional crisis resources include the 24-hour COPE LINE, which can be reached by dialing 211.
- 11. I have read and understand the above information.**

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_