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**DECLARATION OF PRACTICES AND PROCEDURES**  
**MARY CUNNINGHAM LLC**  
**ONLINE COUNSELING PRACTICE**

**1. Qualifications:** I earned a Masters of Arts degree in Professional Counseling from Liberty University in 2018. I am a Licensed Professional Counselor (LPC) #LPC 7524 and hold license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave North, Suite A, Baton Rouge, LA 70816 (225-295-8444). I have also earned the credential of National Certified Counselor (NCC) through the National Board of Certified Counselors (NBCC).

**2. Counseling Services:** The counseling relationship between the LPC and client works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important to understand. There are legal limitations to those rights you should be aware of. I, as your counselor, have responsibilities to you. These rights and responsibilities are described in the following sections.

**3. Counseling Relationship:** I see counseling as an opportunity for clients to fully understand their emotions and behaviors. Counseling can allow for the client to know himself or herself in a way that promotes healing and change. In order to accomplish this the client and I, the LPC, would need to build rapport and establish trust. Then we would explore the client's compliant and identify how it relates to the past, present, and future. Counseling requires an active effort on your part. To be most successful, you will need to work on things we discuss outside of sessions. The first 1-4 sessions will involve a comprehensive evaluation of your needs. By the end of that evaluation period, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If you have doubts or concerns, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**4. Areas of Focus:** I tend to focus on clients with anxiety, depression, personality disorders, adjustment issues, interpersonal relationship issues, and marriage and family issues. In addition to holding a LPC from the Louisiana LPC Board of Examiners, I hold a national certification as a National Certified Counselor (NCC#999216).

**5. Appointments:** Appointments will be 50 minutes in duration, once per week, although some sessions may be more or less frequent as needed. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

**6. Professional Records:** I am required to keep appropriate records of the counseling services I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, and topics we discussed. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

**7. Fees and Office Procedures:** The fee for services is \$125.00 per session for individuals and \$150.00 per session for couples or families. Sessions may go over the allotted time of 50 minutes when needed. Each additional 30 minutes will be billed at \$60.00. Payment for services is due at the close of each session, except for the initial session which is to be paid in advance. Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available on weekdays. Appointments may be scheduled, rescheduled or canceled through contacting Mary Cunningham Berry through email at [cunningham.r.mary@gmail.com](mailto:cunningham.r.mary@gmail.com) or by phone at 225-397-2764

9:00 am to 5:00 pm Monday through Thursday, and 9:00 am to 4:00 pm on Friday. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you. For more information on fees contact Mary Cunningham Berry at [cunningham.r.mary@gmail.com](mailto:cunningham.r.mary@gmail.com) or 225-397-2764.

**8. Services Offered and Clients Served:** I approach counseling from an eclectic approach that incorporates, cognitive, existential, solution-focused, gestalt, and mindfulness perspectives. I draw my theoretical orientation from these perspectives. This allows me to tailor the counseling experience to my client's needs. I believe that counseling allows for people to explore themselves and assign new meaning to experiences. This process can allow for deep healing and understanding of one's self. I usually work with clients individually, however couple and family sessions are also possible. I see clients of all ages and backgrounds with the exception that I do not work individually with children under 16 years of age.

**9. Code of Conduct:** As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a LPC, you may contact the Louisiana LPC Board of Examiners. I must also adhere to the *Code of Ethics* for the American Counseling Association (ACA) as I am also a member of this organization. A copy of the ACA *Code of Ethics* is available to you upon request.

**10. Confidentiality:** Material revealed in counseling will remain strictly confidential except for under the following circumstances, in accordance with State law: 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. 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.

**11. Privileged Communication:** 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.

**12. Contacting Me:** I am generally not immediately available by telephone. At these times, you may leave a message and your call will generally be returned within 24 hours. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your Local Hospital Emergency Room, or 2) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences.

**13. Emergency Situations:** In an emergency situation when an immediate response is necessary, you can call You may call 911 and seek help through hospital emergency services.

**14. 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 you.

**15. 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. Also, please provide me with a list of any medications that you are currently taking.

**16. 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. Risks may include

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**NCC**  
Licensed Professional Counselor  
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experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counseling often requires discussing unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. It often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and problem resolution. But, there are no guarantees about what will happen. If this occurs, you should feel free to share these concerns with me as they arise. It is important that you understand that these feelings are natural and should be expressed openly as part of the therapeutic process. It is my goal to come along side you throughout the course of therapy and work to find the most effective treatment to meet your individual needs.

**17. Digital Communication and Technology Agreement:** As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize telemental health services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through Simple Practice; Simple Practice is HIPAA compliant and I have signed the required Business Associate Agreement (BAA) with them.

I have read the Declaration of Practices and Procedures of Mary Cunningham Berry, M.A., LPC, NCC and my signature below indicates my full informed consent to services provided by Mary Cunningham Berry, M.A., LPC, NCC.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Mary Cunningham Berry, M.A., LPC, NCC \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give my permission for Mary Cunningham Berry, M.A., LPC, NCC to conduct therapy with

my \_\_\_\_\_.

(Relationship)

(Name of minor)

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_