

Sharon "Sherry" Garner Hinkson, MAMFC, LPC
Solutions for Life Counseling Services, LLC
169 East Pine Street, Ponchatoula, LA 70454
Phone: 985-318-0309

Declaration of Practice and Procedures

Welcome to Solutions for Life Counseling Services, LLC. The purpose of this document is to provide you with information about my qualifications and approach to counseling. It covers the key areas involved in making an informed decision to seek counseling.

Qualifications: I earned my Master of Arts in Marriage and Family Counseling from the New Orleans Baptist Theological Seminary. I am a Licensed Professional Counselor # 4780 registered with the Licensed Professional Counselor Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809. The phone number is 225-765-2515.

Areas of Focus: Since my graduate internship in 2010 I have worked with adults, children, couples and families in individual, couples and family counseling in a variety of settings. I am trained in PREPARE-ENRICH, a comprehensive assessment and skill-building program for pre-marital and marital counseling. I am also trained as a Multi-Systemic Therapist, a strengths based intensive home based counseling model that involves working with all systems affecting children's behavior. I have completed Part I and Part II of EMDR training which I often use in working with trauma victims and those with anxiety disorders. Additionally, I worked eight years with the CASA and CAC programs advocating for children of abuse and/or neglect. I am also a former foster parent and am an adoptive parent. As a result of the latter three experiences I have garnered training in interventions for neglected and emotionally, physically and /or sexually abused children and their families. .

The Counseling Relationship: My goal for the counseling relationship is to provide a safe and trusting environment. As a Counselor it is my duty to listen, help you the client identify problem areas and set goals which will help to alleviate or eliminate these problem areas. The therapeutic goals that will be established may concern the physical, the mental, the emotional, or the spiritual realms (or any combination, or perhaps all of them). I will encourage and aid the client as he or she actively engages in counseling to restore a healthy balance to his or her life.

I will require a great deal of effort by the client. The client may feel discomfort at times, so periodically there will be an assessment of progress to gauge how effective or ineffective the treatment plan is in regards to the healing process. Termination of the counseling relationship will occur when the goals of the client have been met, the client chooses to leave, basic policies have been broken, or it becomes evident that the client should be referred to another counselor. As the Counselor, I have an ethical duty to supply the client with most complete and competent care. If for any reason I am unable to meet that criterion, it is my obligation to refer the client to someone who may be more competent.

I am a Christian, and because of this I hold certain morals and values. However, I will in no way push my morals and values on my clients. My mission is to meet my client at his or her point of need.

Emergency Situations: I do not provide 24-hour emergency services. However, in most cases, I am available by phone (985-318-0309). If you are unable to reach me and you have an emergency call 911, the Crisis Line, or go to the nearest Emergency Room.

Confidentiality: All of our sessions will be confidential to persons outside of the counseling setting. Confidentiality will be encouraged in marital, family and group counseling sessions, but I do not guarantee confidentiality among participants of the counseling. In addition, information may be released, in accordance with the state law, only when (1) you sign a written release of information indicating informed consent to such release; (2) you express serious intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elder person (60 years or older), or dependent adult; or (4) a court order is received directing the disclosure of information. It is my policy to assert either (a) privileged communication in the event of # 4 or (b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of # 2 or # 3. Although I cannot guarantee it, I will endeavor to apprise clients of all mandated disclosures.

Client Responsibilities: It is important that you commit to making the necessary efforts toward personal growth and to engage in the counseling process with an attitude of urgency. Please review the basis for termination found in the Counseling Relationship section of this document. Also, if you currently have another counselor, you must first terminate with that counselor before I can offer you my services. . 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. If it develops that you would be better served by another mental health provider, I will help you with the referral process.

Physical Health: It is suggested that you have a complete physical examination if you have not had one within the past year. Please list any medication you are presently taking in the attached intake form.

Potential Risks: The counseling process may be immensely advantageous for some clients, while there are instances in which individuals experience feelings of sadness, fear, anger, anxiety, or guilt. Any time a person makes major life decisions, it is natural to experience disturbing thoughts and feelings. In fact, these thoughts and feelings are a crucial part of counseling, and therefore, act as a risk for some clients. Other risks involved in the process include: remembering traumatic experiences, confronting distressing thoughts and/or beliefs, changing an individual's ability or desire to manage effectively and compatibly with other relationships, and possibly confronting those people. However, as your Counselor, I will be more than happy to walk down this uneasy path with you. You may experience unforeseen, undesirable consequences from your counseling. I offer no guarantee of positive outcome.

Fees: Fees are incurred on a sliding scale and are to be paid at the time of service unless other arrangements have been made. No fee will be charged if you need to cancel and give at least 24 hours advance notice. However, since 50 minutes has been set aside for you will be billed your normal session fee, if you fail to keep an appointment without giving prior notice, payable before your next appointment will be scheduled. There will be no fee for appointments missed due to unforeseen circumstances beyond your control. All checks are to be made payable to Solutions for Life Counseling Services, LLC or SFLCS.

Code of Conduct: As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. A copy of this Code of Conduct is available to you upon request.

Please Ask Questions: You may have questions about me, my qualifications, or anything not addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time. Please exercise this right. I am required by state law to adhere to a Code of Conduct for Licensed Professional Counselors, which is determined by the Louisiana Licensing Board. A copy of this Code is available on request. Louisiana Licensed Professional Counselors Board of Examiners: 8361 Summa Avenue, Suite A, Baton Rouge, LA. 70809,

Counseling Contract:

I, _____ (names of), hereinafter referred to as the Client, have this day retained Sherry Garner Hinkson, MAMFC, LPC of Solutions for Life Counseling Services, LLC, to provide counseling and/or family counseling. It is expressly understood that Sherry Garner Hinkson, MAMFC, LPC, has not issued, and will not issue, any guarantee of cure or treatment effects, or number of sessions necessary. It is further understood that Sherry Garner Hinkson, MAMFC, LPC, shall be obligated to maintain a reasonable standard of care. Sherry Garner Hinkson, MAMFC, LPC, nor Solutions for Life Counseling Services, LLC, shall be held to any special or elevated standard care.

We, the undersigned Counselor and client have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of the consequence.

Client's Signature(s) : _____ Date: ____/____/____

_____ Date: ____/____/____

Sherry Garner Hinkson, MAMFC, LPC Signature: _____ Date: ____/____/____

Parental Authorization for Minors:

I, _____, give permission for Sherry Garner Hinkson, MAMFC, LPC, to conduct counseling with my (relationship) _____, (name of minor) _____.

Parent/Guardian Signature _____ Date: ____/____/____