

**Declaration of Practice and Procedures/  
Statement of Practice  
Jizette Scott, LPC, LMFT  
Nicholls State University  
University Counseling Center  
P.O. Box 2067  
Thibodaux, LA 70310  
(985) 448-4080**

**Qualifications:** I earned a Master of Arts in Psychological Counseling from Nicholls State University in 1998. I hold license number 2376 as a Licensed Professional Counselor and license number 234 as a Licensed Marriage and Family Therapist with the LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS, 8631 SUMMA AVENUE, SUITE A, BATON ROUGE, LOUISIANA 70809. The telephone number for the board office is (225) 765-2515.

**Specialty Areas :** I specialize in the practice of marriage and family therapy and am experienced in the working with problems of childhood and parenthood, marital difficulties, and life difficulties of adulthood that may relate to disturbances in family relationships.

**Clients Served:** I provide therapy for individuals, couples, and families. I work with children and adults. I occasionally offer couple group therapy. If your problems turn out to be outside of my area of expertise, I will discuss this with you and attempt to refer you to a professional better qualified to work with you.

**What to Expect from Therapy and What I Expect from Clients:** I work from an ecosystemic perspective, which means that I accept a client's immediate family relationships and larger social context as being important resources in solving life's problems. Goals for therapy are always established through collaboration with the client. The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through that collaborative process. I work from a structural/strategic orientation, which means that I assist couples and families in organizing their relationships so that resources can be brought to bear on the problems being presented. Techniques that I often employ are instruction and modeling of communication skills, family role-playing and family sculpting, and between-session interactive assignments. This "homework" is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my code of ethics does not allow me to advise you to make a specific decision. Appointments are usually scheduled one time a week for approximately one hour, with the first session devoted to gathering necessary information. The entire process may take on the average of eight to ten sessions.

**Code of Conduct:** I am required by law to the Louisiana State Code of Conduct for Licensed Professional Counselors and the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. Copies of these codes are available for you to review upon request.

**Privileged Communications:** I am required to abide by the professional practice standards for Licensed Marriage and Family Therapists and Louisiana law. I do not disclose client confidences and information to any third party except for materials shared during supervision without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. Also note that if you use third party insurers, such as health insurance policies, HMO or PPO plans, or EAP programs, you must sign a release of information and all information will be disclosed.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

**Emergency Situations:** I can generally be reached at (985) 448-4080 during the hours of 8:00-4:30 M-F. If I am not available leave a message with the secretary including day and evening phone numbers where I can return your call. If your call is urgent please let the person answering the phone know that, and I will try to respond as quickly as possible. If you have an emergency After hours, you can contact University police at 448-4911. You may also seek help through hospital emergency room facilities. The telephone number for the emergency center at Thibodaux Regional Medical Center is (985) 493-4746.

**Physical Health:** Often, medical health can have a powerful impact on your mental health. If you have not had a physical examination in the last year, it is recommended that you do so. In addition, medications, both prescription and non-prescription, may have significant side effects that may be important to address with me. I expect to receive full disclosure from one in these matters and I may ask permission to discuss them with your physician.

**Fee Scale:** My counseling services are free for all enrolled students, faculty, and staff at Nicholls State University. Clients are seen by appointment only. If you are unable to keep a scheduled appointment, please notify me in advance. Clients who fail to keep two appointments without calling in advance to cancel will be terminated for the remainder of the semester in which these missed appointments occurred. The counseling sessions will be approximately 50 minutes each.

### **Potential Benefits and Risks of Therapy**

1. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.
2. Changes in relationships patterns that may result from family therapy may produce unpredicted and /or possibly adverse responses from other people in the client's social system.
3. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship.

4. The search for improvement in your life does not always result in greater happiness either immediately or ever. Sometimes, other more difficult problems surface, or counseling simply has little effect. You may also feel worse before you feel better. Counseling may precipitate positive or negative events in a client's life such as the reunion of a marriage or a divorce.

**Acknowledgement of Reading the Declaration of Practices and  
Procedures/ Statement of Practice Of  
Jizette Scott, LPC, LMFT**

I have read and understand the items listed in the Declaration of Practices and  
Procedures/Statement of Practice.

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

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

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

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

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

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Jizette Scott, LPC, LMFT

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Date \_\_\_\_\_

**Parental Authorization ( for minor clients)**

I, \_\_\_\_\_, give permission for Jizette Heims  
Signature of parent or guardian

to conduct therapy with my \_\_\_\_\_,  
(relationship)

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date