

Courtney Miller, LPC  
North Bossier Counseling, LLC  
187 Burt Blvd. Suite B. Benton, LA 71006  
(318) 935-5007  
[courtneymillerlpc@northbossiercounseling.com](mailto:courtneymillerlpc@northbossiercounseling.com)  
[www.northbossiercounseling.com](http://www.northbossiercounseling.com)

**Qualifications:**

I earned a Master's of Science in Counseling Psychology degree from Louisiana State University in Shreveport in August 2010. I am a Licensed Professional Counselor (LPC) #4903. I hold a license with the Louisiana LPC Board of Examiners which is located at 8631 Summa Avenue, Baton Rouge, LA 70809 (phone 225-765-2515).

**Counseling Relationship:**

Counseling is a process in which you, the client, and I, the counselor, work together to explore and define your thoughts, emotions, behaviors, and problematic situations present in your life and relationships. My job, as your counselor, is to provide a safe, healthy, and trusting environment that promotes self-awareness and personal growth. Together, we will develop and work to achieve goals for an improved life and relationships.

**Area of Expertise:**

I work with children, adolescents, & adults. My experience includes a variety of issues such as anxiety, depression, grief, trauma, self-image, relational problems, stress, anger, and crisis management. I hold a national certification as a National Certified Counselor.

**Fees & Office Procedures:**

Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available Monday through Thursday. Failure to give notice for any appointments not cancelled 24 hours in advance may result in a charge for the time reserved for you.

The standard fee is \$120 per 45 min session; however, fees are based on the services provided and are often determined by a pre-negotiated rate with your insurance provider.

We are currently in network with:

- Blue Cross Blue Shield
- Healthy Blue
- Aetna
- United Healthcare
- Louisiana Healthcare Connections
- Louisiana Medicaid
- AmeriHealth Caritas
- Tricare
- Humana
- Cigna
- Magellan

It is our goal to make counseling services available to all who need them. We accept in and out of network insurance plans, self-pay, and sliding scale. A sliding scale basis will be considered depending on income level and need.

Payment made be made by debit/credit card, cash, or check written to Courtney Miller, LPC & North Bossier Counseling, LLC.

**Services Offered and Clients Served:**

I approach counseling from an integrative approach based on the client's needs and the nature of the presenting issues. I offer counseling services for children, adolescents, and adults in individual, family, and group settings . I use an integrated approach that primarily includes cognitive-behavioral therapy, solution-focused, interpersonal, & family systems perspectives. These approaches emphasize the importance of the personal growth and development and self-awareness to enhance individual and relational fulfillment.

I work with clients who can do the work of therapy on an outpatient basis. I have consultation relationships with psychiatrists for referral should medication or temporary hospitalization become necessary.

**Code of Conduct:**

As an LPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request. If at any time you believe that I am acting unethically, or you are in any way dissatisfied with my services, please let me know. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners at 8631 Summa Avenue, Baton Rouge, LA 70809 (phone 225-765-2515).

**Confidentiality:**

Material revealed in counseling will remain strictly confidential except for material shared 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.

**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 strive to notify clients of all mandated disclosures as possible.

**Emergency Situations:**

When North Bossier Counseling is unavailable to answer calls, or after normal office hours, you may leave a message on the answering machine, and we will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you should call 911 or go to an emergency room of your choice.

**Client Responsibilities:**

You, the client, are a full partner in counseling. Your honesty and effort is essential to success. As a client, your responsibilities include:

- (1) setting, keeping, and cancelling your appointments;
- (2) paying your fees at the time of your visit;
- (3) helping plan and follow through with your goals, and
- (4) being an active partner throughout the therapeutic process.

As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with us so that we can decide on the necessary adjustments. If it develops 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 for you or make a decision about which mental health professional may serve you best.

It is the client's responsibility to make their own decisions regarding marriage, separation, divorce, reconciliation, and issues related to custody and visitation. My goal is to help you, the client, process your thoughts and feelings related to any decision you may make.

**Physical Health:**

Being physically healthy is an important factor in emotional health. Having regular check-ups with a medical doctor is highly recommended. As a routine part of the initial session, you will be asked the name of your physician and to list any medications that you are currently taking. In addition, a medical referral may be suggested if a medical problem is suspected.

**Potential Counseling Risks:**

The client should be aware that counseling poses potential risks. In the course of working together additional problems or feelings (i.e., anger, depression, anxiety, etc.) may surface of which the client was not initially aware. If this occurs, the client should feel free to share these new concerns with me.

---

The purpose of this document is to inform you about certain basic aspects of the counseling relationship I hope to establish. Since therapy is conducted in many methods, this declaration is designed to inform you of my qualifications and how I view the therapeutic process. This information should help you make an informed decision regarding my therapy practice. Please read it carefully and signify your understanding by signing below in the space provided.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

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

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

**FOR MINORS:**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_,  
give permission for Courtney Miller, LPC to conduct counseling with my (relationship), \_\_\_\_\_.