ROGER D. BUTNER, PHD, LMFT

I know you have several pages of paperwork to complete, so I will only take a few moments of your time now to share some important details with you at the beginning of this journey you are preparing to take with me.

I no longer actively participate in any managed care networks. This means I do not file with insurance companies, and I do not offer insurance network discounts. However, if you have a policy that covers counseling, you may file directly with your managed care company for reimbursement. I am glad to answer any questions that would help you in this process of making the most of your valuable insurance benefits, including giving you any codes or ID numbers that may be required on your submission form.

You are in my prayers. I am a well educated, experienced, and gifted therapist, but I believe my gifts are just that…skills provided to me by God for His purposes of bringing hope and healing to the people He brings to me. And I further believe He is the great Healer of lives who works through different interconnected avenues to transform individuals and relationships. Feel free to ask for my prayers regarding the details of your life anytime – in session or via telephone or email. Make sure to take at least a couple of my cards, so you will have my contact information when you need it, and you can pass it along to someone else in need of hope and healing.

I have a website at www.hopeforyourfamily.com that includes frequent blog posts with my perspectives on achieving the healthiest lives and relationships possible, numerous links to other helpful websites, recommendations for excellent books and other resources, information about upcoming events and opportunities, and more.

_____

Signature and Date

(Everyone please sign that you have read the above.)

ROGER D. BUTNER, PHD, LMFT

DECLARATION OF PRACTICES AND PROCEDURES

Therapy may be conducted in a number of different ways, depending on the therapist and his or her orientation and training. I am pleased that you have chosen me for your counselor. This description has been prepared to inform you of my qualifications, how I view the therapeutic process, and what you can expect from me as your therapist. **PLEASE SIGN AND DATE THE LAST PAGE.** I welcome any questions about my training, qualifications, or the therapeutic process which will make you more comfortable with your decision to seek treatment, or in your search for a qualified therapist to help with your needs. I am glad to give you information for referrals to other therapists, if you would like, or if I believe it is in your best interest.

1. **My Qualifications and Experience:** I received my Masters in Marriage and Family Therapy (MMFT) from Abilene Christian University, a highly respected program that is accredited by the American Association of Marriage and Family Therapy (AAMFT). I earned my Ph.D in Family Studies and Mass Communication from the University of Alabama. I chose to pursue this degree because of my passionate belief that the constant presence of entertainment, such as television, in our culture is making a drastic impact on family life. While this degree is not in the field of therapy, it has deepened my understanding of the process of family dynamics in relation to TV and other entertainment. I am always glad to discuss these issues with anyone who has an interest.

I have worked with many different individual and relational problems throughout my therapeutic training and practice. In addition to my regular practice of therapy, I have worked in a domestic violence intervention program as well as a training program to help parents properly care for their children while going through a divorce. While I am competent and capable of working with a wide range of problems, I am always willing to make appropriate referrals to professionals with more expertise in specific areas.

I am a Licensed Marriage and Family Therapist (LMFT), Louisiana State License #90, granted from the Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809, (225) 765-2515. I am also a clinical member of the American Association of Christian Counselors (AACC) and Louisiana Association of Christian Counselors (LAACC). I have been licensed and practicing as an MFT in Louisiana since 2002, and practiced as an MFT Associate in Alabama from 1998-2002.

2. **The Therapeutic Process:** The process of therapy focuses on changing behaviors, thoughts, feelings, or spiritual issues. Because all people live in relation to others, I treat problems within a relational life context. Therefore, I will attempt to involve people in your family, when appropriate, in order to get the fullest perspective on your problems and most sensible solutions.

In addition to treating the interpersonal nature of problems, I believe that holistic healing addresses the emotional, psychological, physical, and spiritual aspects of individual and family life. Furthermore, I am committed to a uniquely Christian integration of psychological and systemic therapy approaches. I am willing and eager to address your spiritual concerns in therapy *to the degree that you express the desire to do so.* While I may not openly discuss Christian values or beliefs with clients who do not raise this as an issue of concern, be assured that my style of therapeutic intervention should always be in harmony with my Christian faith.

Remember that the problems that brought you to therapy did not develop overnight. The process of successful change will take some time, and may come in stages rather than all at once. I typically meet with

clients once a week for about 50 minutes, although clients in a state of crisis sometimes see me more frequently until the crisis subsides. The length of treatment depends on several factors, such as the type of problems(s), the number of problems identified, how long the problems(s) has existed, and how open and committed you and your family are throughout the duration of therapy.

Throughout our conversations together, I will use a lot of questions, not only to help me understand your situation, but also to get you to think, experience, and do things differently. The first 2-3 sessions will be spent assessing the situation, gathering information about your problem(s) and your strengths, and defining how you will know when therapy has been successful.

Potential Counseling Risks: Remember that therapy can be an emotionally draining process, and healing sometimes comes more slowly than desired. Sometimes the therapeutic process may bring out issues that you did not recognize at the beginning of therapy. Also, there are risks associated with change. As one person changes, other significant relationships are impacted. However, if you will remain committed to growth, the benefits to you and your family should be well worth it.

3. **Types of Services Offered and Clients Served:** My style of therapy is a holistic integration of what I have found to be the best of professional theory, Biblical instruction and Christian teaching on spiritual formation, and my own personal experiences of healthy change and growth. I believe the therapeutic process is a collaborative effort in which you are the expert on your life, and I will assist you by providing helpful conversations and resources. I will do my best to help you find the tools and perspectives needed to provide you with a more fulfilling life. I work with individual adolescents, adults, couples, and families, and sometimes use several different formats with the same client family at different sessions.

4. **Code of Ethics:** I am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. A copy of this code is available on request. In addition, I follow the Codes of Ethics as set forth by the AACC. I do my best to not only meet the requirements of these ethical codes, but to exceed them wherever possible.

5. **Session Fees: Fees are due at the time of service rendered. Fees are $120 per 50 minute session and can be paid by cash or check.** We do not accept credit or debit card payments at this time. Fees are subject to change. **There will be a $35 NSF charge on all returned checks.**

Cancellation: If you need to cancel a session, I must be notified at least 24 hours in advance or A FEE OF $50 WILL BE ASSESSED FOR THE FIRST LATE CANCELLATION/MISSED APPOINTMENT, THEN THE FULL $120 FEE WILL BE ASSESSED FOR SUBSEQUENT MISSED APPOINTMENTS. You may notify me of your need to cancel by telephone at 753-7773 or by email at Roger@murphytoerner.com. I respect the tremendous value of your time, and expect my clients to do the same for me.

6. **Privileged Communications:** I abide by the practice standards for Licensed Marriage and Family Therapists and Louisiana law. I do not disclose client confidence and information to any third party 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 abuse/neglect of children, elderly, and the disabled, 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.
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.

Litigation Limitation: Given that certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent, it is expressly agreed that should there be any legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc) neither you nor any attorney, or anyone else acting on your behalf, will call Roger Butner to testify in a deposition or in court or any other proceeding, nor will a disclosure of the medical record and therapy notes be requested. I believe this is not only in my best interest, but in your best interest as well.

7. **Client Rights:** Please understand that, as my client, you have the following rights:
• To be treated with dignity and respect.
• To give input during therapy and to expect that your input will be carefully considered.
• To receive an explanation of benefits, effects, alternatives, and risks of prescribed treatment.
• To end therapy at any time without moral, legal, or financial obligations other than those already accrued.

8. **Client Responsibilities:** You are responsible for keeping appointments, paying your bill, and ultimately for change. You are to follow office protocol, and you must notify me of any other ongoing mental health relationship. If at any time you are uncomfortable or dissatisfied with any aspect of therapy, please let me know immediately so I may make the necessary adjustments to provide you with the best possible service.

9. **Physical Health:** If you have not had a physical in the last year, you are encouraged to do so. I am not a medical doctor and as such I refer all medical questions and opinions to the appropriately trained professional. With this in mind, you may be referred to the appropriate medical doctors for consultation and medical evaluation for reasons such as physicals or prescriptions for medications.

10. **Emergency Situations: In case of emergency, call my office at (225)753-7773 and leave me a detailed message regarding your situation. After leaving me a message, please call the Crisis Intervention Center ("The Phone") at 924-3900 and/or 911.**

11. **Telephone/Email Consultations:** I am happy to offer brief feedback via email or telephone, as needed. However, if you need more extensive feedback outside of a face-to-face session, responses via email or telephone are available from me on a fee basis. Developing healthy life boundaries is often an important part of the therapeutic process, and I do my best to model this process for my clients with my own life.

I have read and understand the above information. I accept financial responsibility for charges I incur during the course of therapy.

_____ _____
Client Signature(s) Date Roger D. Butner, PhD, LMFT Date

I _____, give permission for Roger D. Butner, Ph.D., LMFT to

conduct therapy with my _____, _____.
(Relationship) (Name of Minor)

ROGER D. BUTNER, PHD, LMFT

PLEASE FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS YOU CAN.
ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Who referred you to me? _____

Today's Date:_____ Date of Birth _____

Name:_____ Preferred Name:_____

Address:_____ City, ST._____ Zip_____

Your Phone #: (h)_____ (w)_____ (c)_____

Email Address:_____

Your Employment/Job Title:_____

Spouse's name:_____ Age of spouse:_____ #of yrs. married_____

Is it ok to call your home & leave message? Yes_____ No_____ Your work number? Yes_____ No_____

Person to contact in case of an emergency (name/phone):_____

Children's Names	Age	Sex	Relationship to you (biological/step/adopted/foster)	Live in your home?

Describe any major changes that have occurred in your life or your family life in the last few years?
(moves, changes in number of family members, marital status, situation or income)

_____

_____

List any major health concerns for which you have received treatment in the last 24 months:

_____

_____

Please list any medications you have been taking during this time: _____

_____

If you use any "street" drugs or prescription drugs for recreational or self-medicating purposes, please share a brief explanation:

_____

_____

Please describe your typical pattern of drinking alcohol, and if it has changed in recent months:

_____

_____

What three words would you use to describe the climate of your home and family, growing up?

_____ _____ _____

What three words would you use to describe the climate of your home and family at this time?

_____ _____ _____

If any of your family has been through counseling at some point, please share a brief description:

_____

_____

If any of your family has a history of alcohol or drug problems, please share a brief description:

_____

_____

If there is any history of physical or sexual abuse in your family, please share a brief explanation of the individuals involved:

_____

If you have had thoughts of suicide, either recently or in your past, please share a brief explanation, including how you have fought to keep these thoughts from defeating you:

_____

_____

If you have ever been through any counseling, please share a brief of description of why you went, and how it has impacted your life:

_____

_____

What do you hope to gain from counseling at this time? _____

_____

Please tell me briefly about your spiritual life, which may or may not include religious affiliation**:**

_____

_____

Many people seek counseling to improve their lives and relationships, but want to hold on to their established ideas and patterns of behavior, even though these are directly contributing to their problems. How willing are you to let go of old ideas and behaviors so you can learn new habits of mind and action to transform your life experience?

_____

How willing are you to work on yourself – to improve your life and relationships?

_____

How willing are you to stop working on others – to improve your life and relationships?

_____

How would you describe your level of hope right now? _____

_____

What else do you believe is important for me to know about you or your situation at this time?

_____

_____

_____