Declaration of Practices and Procedures

Kelsi Schmitz, M.A., PLPC
Dr. Matt Morris & Associates
433 Metairie Road, Suite 401
New Orleans, LA 70005
(504)408-2192

Qualifications: I earned a Master of Arts degree in Mental Health Counseling from the University of Holy Cross in 2026. I am a Provisional Licensed Professional Counselor (PLPC) PLC # 11464 and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, 225-295-8444. The Louisiana LPC Board of Examiners has approved Hellen Cappo, MA, LPC-S, LMFT (license #5314), 1228 Annunciation Street New Orleans, LA 70130, (504)909-4812 as my Board-Approved Supervisor. Hellen Cappo is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

Counseling Relationship: I view counseling as a collaborative process in which we develop a trusting therapeutic relationship, explore the concerns that bring you to counseling, identify meaningful goals, and work together toward lasting change.

The length of counseling varies from person to person and from situation to situation. If you are benefiting from counseling, I encourage you to continue attending sessions. Counseling is voluntary and you may stop at any time. If you feel that you are no longer benefiting from counseling or would like to stop our sessions, please feel free to discuss this with me so we can ensure that you have any referrals or resources you need.

Although counseling is an extremely personal experience, it is important to realize that our relationship is a professional rather than a personal one. That means that our time together will be limited to the scheduled sessions that you have with me.

Areas of Focus: I work with individuals, couples, and families. I have completed advanced training in Emotionally Focused Therapy (EFT) and continue to pursue certification in this model. My clinical approach is grounded in attachment theory and emphasizes strengthening emotional bonds, improving communication, and fostering secure, healthy relationships. I work with clients experiencing a range of concerns, including relational distress, communication difficulties, couple and marital conflict, intimacy and sexual concerns, family dysfunction, addiction, parent-child relationship challenges, anxiety, depression, life transitions, and caregiver support.

Fees and Office Procedures: The fee for services is $180 per 50-minute session, or $270 per 80-minute session. Payment for services is due at the close of each session and is paid directly to

Dr. Matt Morris & Associates. The practice does not accept insurance reimbursement for counseling services. As a PLPC, I may not accept payment for services directly.

Appointments are typically scheduled at the end of each session and may be scheduled, rescheduled, or canceled by phone, email, or through the practice's scheduling system. Appointments canceled with less than 24 hours' notice, as well as missed appointments without prior notice, will be charged the full session fee unless the cancellation is due to an emergency or other extenuating circumstances, as determined by the practice.

Services Offered and Clients Served: I believe therapy is a collaborative process where we work together to better understand the connection between thoughts, emotions, behaviors, relationships, and life experiences. My goal is to create a supportive, client-centered environment where you can explore challenges, build on your strengths, and move toward the goals that are most meaningful to you. I approach counseling through a systemic lens, recognizing that each person's experiences are influenced by the relationships and environments in which they live.
Because every client is unique, I tailor my approach to meet your individual needs. Depending on your goals and concerns, I integrate interventions and principles from Emotionally Focused Therapy (EFT), Cognitive Behavioral Therapy (CBT), and Experiential Therapy based on your individual needs and treatment goals.

Code of Conduct: As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC 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 PLPC, you may contact the Louisiana LPC Board of Examiners. The LPC Board of Examiners contact information is listed below:
Louisiana Licensed Professional Counselors Board of Examiners
11410 Lake Sherwood Ave North Suite A
Baton Rouge, LA 70816
225-295-8444 (phone) 225-295-8448 (fax)

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my LPC Board-Approved Supervisor and 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 themselves or someone else.
3. There is reasonable suspicion of abuse or 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, couple, or family counseling, material obtained from an adult client individually may be shared with the client’s spouse/partner or other family members only with

the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

As a Provisional Licensed Professional Counselor (PLPC), I may be required to audio or video record some counseling sessions as part of my clinical supervision and advanced training requirements, including my pursuit of certification in Emotionally Focused Therapy (EFT), to enhance the quality of services I provide. I will obtain your informed consent prior to making any audio or video recording. Your participation is entirely voluntary, and you have the right to decline or withdraw your consent to be recorded at any time. Choosing not to be recorded will not affect the counseling services you receive, our therapeutic relationship, or your access to treatment in any way. Any recordings will be shared only with my LPC Board-Approved Supervisor and, when applicable, approved EFT supervisors or trainers solely for the purposes of clinical supervision, professional development, and meeting licensure and certification requirements. All recordings will be maintained confidentially and handled in accordance with applicable ethical, legal, and professional standards.

Privileged Communication: It is my policy to assert privileged communication on behalf of the client and the right to consult with the client, if possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

Emergency Situations: I do not provide 24-hour crisis or emergency services. If you are experiencing a mental health emergency, are in immediate danger, or believe you may harm yourself or someone else, please call 911, go to the nearest emergency room, or contact the Metropolitan Crisis Response Team at (504) 826-2675. For non-emergency matters, you may leave a voicemail, send an email, or use the practice's approved scheduling or messaging system. I will make every effort to respond as soon as reasonably possible during regular business hours. Please do not use voicemail, email, text messaging, or other electronic communication for urgent or emergency situations, as these methods are not continuously monitored and should not be relied upon for immediate assistance.

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 ask you to share these with me so that we can make the necessary adjustments. If I believe another provider, specialty, or level of care would better meet your needs, I will discuss my recommendations with you and assist you in obtaining appropriate referrals. If you are currently receiving services from another mental health professional, I ask 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.

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. Counselors should be informed of any future changes in medication.

Potential Counseling Risk: Counseling can be a rewarding process, but it may also involve emotional discomfort. As we work together, difficult emotions, memories, or conflicts may come into awareness before improvement occurs. Exploring these experiences can sometimes feel challenging; however, this process often contributes to greater self-awareness, personal growth, and lasting change. If you experience concerns or discomfort during counseling, I encourage you to discuss them with me so we can address them together.

Acknowledgment: I have read the Declaration of Practices and Procedures of Kelsi Schmitz, M.A., PLPC and my signature below indicates my fully informed consent to services provided by Kelsi Schmitz, M.A., PLPC. I am aware that Kelsi Schmitz may share information with Hellen Cappo, MA, LPC-S, LMFT for the sole purpose of supervision towards licensure, and information shared in supervision may not be used for any other purposes.

Consent: By signing below, I acknowledge that I have read and understand the information provided in this Declaration of Practices. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I understand my rights regarding audio and/or video recording, including that my consent is voluntary and that declining to be recorded will not affect the counseling services I receive.

_____

Client Signature Date

_____

Client Signature Date

_____

Client Signature Date

_____

Kelsi Schmitz, M.A., PLPC Date

_____

Hellen Cappo, MA, LPC-S, LMFT (Supervisor) Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Kelsi Schmitz, M.A., PLPC,

to conduct therapy with my _____(Relationship),

_____ (Name of minor).

_____

Signature of parent or legal guardian Date

_____

Kelsi Schmitz, M.A., PLPC Date

_____

Hellen Cappo, MA, LPC-S, LMFT (Supervisor)