

**Susan Landry, M.S., LPC, NCC**  
**1507 Kimwood Circle**  
**Jackson, MS 39211**  
**(601) 982-4795**

It is my intent to provide quality, affordable counseling services to adults and adolescents suffering from eating disorders, anxiety and/or depression; as well as those who are simply struggling with stressful life transitions.

Counseling is a process that requires effort on the part of both the client and the counselor. We will work together to establish goals and to periodically evaluate the course of therapy.

I hold my master's degree in counseling psychology, and have over thirteen years of experience counseling and doing research in both inpatient and outpatient settings. I am a licensed professional counselor, a national certified counselor, and am a member of the American Psychological Association, the Mississippi Counseling Association, and the National Eating Disorders Association.

As your therapist, I will abide by the Code of Ethics established by the American Counseling Association. I do not file for reimbursement by insurance companies, in order to avoid the ever-increasing limits being imposed by the managed care industry. This will ensure even greater confidentiality for you as a client, and will allow you to continue with therapy as long as you are benefiting. Therefore, I intend to keep fees reasonable, and you may file your own claim if you'd prefer.

All therapy sessions and records will be kept confidential; however, there are limits to confidentiality, and you have a right to be informed of these. I am required to breach confidentiality in certain circumstances:

- When a client poses a danger to self or others
- When a client discloses an intention to commit a crime
- When abuse or neglect of a child, the elderly, or the disabled is suspected
- When a court orders records to be made available

If there are other situations in which it is in your best interest to share information with others; for example, if another mental-health professional requests information, then I will get your informed consent to do so.

My fee is \$100.00 per hour. If you must cancel an appointment, a 24 hours notice is required; otherwise, you may be charged the full fee. This is because that time is set aside for you, and other clients could benefit from that particular time slot.

After reading these general guidelines and asking any questions that you may have, please sign and date below:

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

Parent or Guardian: (if client is under 18) \_\_\_\_\_