

Nett-Work Family Counseling LLC

2801 Calumet Drive
Sheboygan, WI 53083
920-451-6908

Declaration of Practices and Procedures

Jessica Brownrigg LPC-IT

Qualifications:

I earned my Master of Arts in Counseling Degree in Community Counseling from Lakeland University in 2020. I am a Licensed Professional Counselor-In Training and hold a license with the Wisconsin Department of Safety and Professional Services (DSPS). The DSPS has approved Christine Nett LCSW, CSAC, CSIT as my LPC Board-Approved Supervisor. Christine Nett LCSW, CSAC, CSIT is approved to supervise LPC's obtaining supervised experience hours needed to be fully licensed as an LPC in the State of Wisconsin.

Areas of Focus:

My focus includes mental health and substance use concerns including, but not limited to: anxiety, crisis intervention, depression, relationship issues, communication issues, and substance and alcohol use. I work with both adolescents and adults.

Office Procedures:

Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled with the receptionist from 8:00am to 5:00pm Monday through Thursday and 8:00am to 12:00pm Friday. Failure to provide notice for any appointment not cancelled within 24 hours in advance may result in a charge for the time reserved for you. Two or more failures to provide notice will result in discontinued treatment.

Services Offered:

I utilize techniques from several different approaches including Dialectical Behavioral Therapy, Mindfulness-Based Relapse Prevention and Cognitive Behavioral Therapy while remaining trauma-informed. I believe it is important to work with the client in developing a relationship of trust and a safe environment to allow for self-reflection and promote overall well-being. I am also a certified yoga instructor and apply yoga and mindfulness techniques in therapy if desired.

I have read the Declaration of Practices and Procedure of Jessica Brownrigg LPC-IT and my signature below indicates my full informed consent to services provided by Jessica Brownrigg LPC-IT. I am aware that she may share information with Christine Nett LCSW, CSAC, CSIT for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes.

Client Signature *Date*

Jessica Brownrigg LPC-IT *Date*

Christine Nett LCSW CSAC CSIT *Date*

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Jessica Brownrigg LPC-IT to conduct therapy with my (relationship) _____, (name of minor) _____.

Signature of Parent or Legal Guardian *Date*