



# DIVISION SCOPE OF SERVICE

<b>Division: NORTH TEXAS</b>
<b>Classification: LICENSED PROFESSIONAL COUNSELOR</b>
<b>Applicant Name:</b>

<p><b>Licensed Professional Counselor:</b> The Licensed Professional Counselor must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> The Licensed Professional Counselor prevents, assesses, evaluates, and treats mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Conduct assessments and evaluations to establish treatment goals and objectives</li> <li>• Plan, implement, and evaluate treatment plans using counseling treatment interventions that may include counseling, assessment, consulting, and referral.</li> <li>• Psychotherapy, either with individuals or groups.</li> <li>• This does NOT include the prescribing of medications.</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to clinics, hospitals, outpatient treatment facilities, imaging centers, and physician practices</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by psychiatrist with medical privileges at practicing facility, OR</li> <li>• Supervision by Clinical Director of Counseling Service/Company providing patient psychological evaluation for bariatric services.</li> </ul> <p><b>Evaluator:</b> Department Medical director or designee, or physician.</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Master’s degree or higher in Counseling or Psychology.</li> <li>• Current license in one of the below: <ul style="list-style-type: none"> <li>○ Licensed Professional Counselor</li> <li>○ Clinical Psychologist</li> <li>○ Licensed Clinical Social Worker</li> </ul> </li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• Licensed in the state of Texas to practice as a Licensed Professional Counselor, Clinical Psychologist, or Licensed Clinical Social Worker.</li> </ul>



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**Experience:**

At least 1 year experience as Licensed Professional Counselor

**Competencies:**

The Licensed Professional Counselor will demonstrate:

- Knowledge of modern counseling practices and methods
- Knowledge of and adherence to existing professional ethical standards
- Ability to form and maintain effective counseling relationships with clients, to monitor client movement in the therapy process, and terminate the relationship in appropriate ways.
- Ability to plan, implements, evaluates, and report activities.
- Ability to effectively communicate orally, both in person and by telephone.
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per Division requirements
  - Complies with Isolation precautions

**References:**

Texas Department of State Health Services

<https://vo.ras.dshs.state.tx.us/datamart/selSearchTypeTXRAS.do?from=loginPage>

Texas State Board of Examiners of Psychologists

<https://vo.licensing.hpc.texas.gov/datamart/selLicType.do?type=name>

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_