

Declaration of Practices and Procedures

Skylar Artigue, MAMFC, PLPC

Granberry Counseling Center

7200 Desiard Street

Monroe, LA 71203

318-345-8200

Qualifications: I earned a Masters of Arts degree in Marriage and Family Counseling from New Orleans Baptist Theological Seminary in 2015. I am a provisional licensed professional counselor (PLPC) #PLC6581 and hold a provisional license with the LPC Board of Examiners located at 8631 Summa Ave, Baton Rouge, LA 70809 (225-765-2515). The Louisiana LPC Board of Examiners has approved Kathy Eichelberger, MAMFC, LPC-S, 7200 Desiard St, Monroe, La 71203 (318-376-0775) as my LPC Board-Approved Supervisor. Kathy Eichelberger is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experienced hours needed to be fully licensed as a LPC in the state of Louisiana.

Counseling Relationship: I see counseling as a process in which you the client, and I, the PLPC, having come to understand and trust one another, work as a team to explore and define present problems and situations, develop future goals for an improved life and work in a systematic fashion towards realizing those goals.

Areas of Focus: I focus on clients with marriage and family issues, individuals, and children.

Fees and Office Procedures: The fee for service is \$75.00 per session paid directly to Louisiana Baptist Children's Home. When applicable, services provided on a sliding scale basis ranging from \$35.00 to \$75.00. Payment is due at the close of each session. Payment is not accepted from insurance companies. As a PLC, I may not accept payment for services directly.

Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available Tuesday, Thursday, and Friday. Appointments may be scheduled, rescheduled, or canceled with the receptionist from 8 a.m. to 4 p.m. Monday through Friday. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge for the time reserved for you.

Services Offered and Clients Served: I approach counseling from a Christian worldview which means I view everyone as being made in the image of God, but respect the religious beliefs of all persons. I work

with clients in a variety of formats, including as individuals, as couples, and as families. I also conduct group therapy. I see clients of all ages and backgrounds.

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.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my 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 him/herself or someone else.
3. There is reasonable suspicion of abuse/neglect against a minor child, elderly persons (60, or older), or dependent adult.
4. A court order is received directing the disclosure of information.

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

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

Emergency Situations: When the receptionist (318-345-8200) is unavailable to answer calls after normal office hours, you may leave a message on the answering machine, and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary you may seek help through hospital emergency facilities or by calling 9-1-1.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential in success as we work together, if you have any suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If I determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect 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.

Potential Counseling Risk: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the declaration of Practices and Procedures of Skylar Artigue, MAMFC, PLPC, and my signature below indicates my full informed consent to services provided by Skylar Artigue, MAMFC, PLPC. I am aware that Mrs. Artigue may share information with Kathy Eichelberger, MAMFC, LPC-S and other PLPCs for the sole purpose of supervision towards licensure, and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Skylar Artigue, MAMFC, PLPC may be audio or video taped for the purpose of supervision.

Client Signature _____ Date _____

Client Signature _____ Date _____

Skylar Artigue, MAMFC, PLPC _____ Date _____

Kathy Eichelberger, MAMFC, LPC-S _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Skylar Artigue, MAMFC, PLPC to conduct therapy with my _____.

Name of Minor

Signature of Parent or Legal Guardian _____ Date _____