

## DECLARATION OF PRACTICES AND PROCEDURES

Janna McMasters, MA, LPC  
Granberry Counseling Center

7200 Desiard St.  
Monroe, LA 71203

3481 Highway 33  
Ruston, LA 71270

(318) 345-8200

**Qualifications:** I earned a Masters of Arts degree in Counseling with a Specialization in Marriage and Family Counseling from New Orleans Baptist Theological Seminary in 2019. I am a Licensed Professional Counselor (LPC) #LPC7827 and hold a license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A Baton Rouge, LA 70816 (225)-295-8444. I have completed 9 hours of live telehealth care training in addition to my professional qualifications as a clinician. This training covered the Law and Ethics and Clinical Skills specifically related to telehealth care. I will continue to receive at least three hours of continuing education in the area of telemental health every two years.

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

**Areas of focus:** I have a general practice, but I focus on clients presenting with simple and complex trauma, dissociation, early childhood attachment issues, grief, relationship/marital stress, personal worth, spiritual growth, emotional intelligence, and anxiety and depression. I also have experience with extramarital affairs and communication problems in relationships.

**Fee scales:** The fee for services is \$90.00 per session but is adjustable based on the client's income. The fees are paid directly to LBCH (Louisiana Baptist Children's Home). Payment for services is due at the close of each session. Cash, checks, credit or debit cards are accepted forms of payment. Clients are seen by appointment only. Certain private insurances are accepted. For a complete list, please call our office with the number at the top of this page. Medicaid and Medicare are not accepted.

Appointments are typically set at the close of each session. I have appointments available Monday through Friday. Appointments may be scheduled, rescheduled or cancelled by calling the number listed at the top of this page between 8:00am and 4:30pm Monday through Friday. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

**Services offered:** I work from a Christian worldview but respect the religious beliefs of all persons. The theoretical base out of which I provide counseling services ranges from short term counseling and brief therapy models to more long-term approaches. I draw from models like CBT, TBRI, EMDR, Play Therapy, and Family Systems. The nature of the issue presented by the client has a great deal to do with this. I provide counseling to children over the age of 6, individuals, couples, and families. My approach to counseling is holistic, examining a person's physical, emotional, cognitive, social, financial, and spiritual health. Cognitive-behavioral

therapy examines patterns of thoughts and actions in order to better understand the clients' problems and develop solutions. EMDR is a trauma-based therapy model that utilizes bilateral stimulations to help reprocess traumatic memories. I offer services both in-person as well as through teletherapy. Teletherapy is provided using HIPAA compliant services.

**Code of conduct:** As a LPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request.

**Confidentiality:** Material revealed in counseling will remain strictly confidential except for material shared 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 person (60 or older), or a dependent adult.
4. A court order is received directing the disclosure of information.

In marriage and 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 assert 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 I am unavailable to answer calls after normal office hours, you may leave a message on the voicemail, 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 911.

**Client responsibilities:** You, the client, are a full partner in counseling. Your honesty and effort are essential to your success. Homework will sometimes be assigned. Outside reading and practicing new skills at home is a part of the therapy process. Along the way, please share any concerns, questions, or suggestions you may have. I will try to make the needed adjustments. If you are currently receiving services from another mental health professional, please inform me of this and grant me the permission to share information with this professional so that we may coordinate our services to you. If I determine that you would be better served by another mental health provider, I will help you with the referral process. You should avoid using alcohol, drugs, or other mind-altering substances prior to session. During telehealth sessions, be appropriately dressed during sessions, please be located in a safe and private area, and make every attempt to be in a location with stable internet capability. Telehealth clients should not have anyone else in the room unless you first discuss it with me and should avoid conducting other activities while in session (such as texting, driving, etc.)

**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 the medications 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 new concerns with me.

I have read the Declaration of Practices and Procedures of Janna Carroll, MA, LPC and my signature below indicates my full informed consent to services provided by Janna Carroll, MA, LPC.

---

Client Signature Date

---

Janna McMasters, MA, LPC Date

**Parent/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give my permission for Janna McMasters, MA, LPC  
(Name of parent or legal guardian)

to conduct therapy with my \_\_\_\_\_  
(Relationship) (Name of minor)

---

Signature of parent or legal guardian Date