

Declaration of Practices and Procedures

Skylar Artigue, MAMFC, LPC

Granberry Counseling Center

7200 Desiard St. and 210 Finks Hideaway Rd.

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 Licensed Professional Counselor (LPC) #6581 and hold a license with the LPC Board of Examiners located at 11410 Lake Sherwood Ave. North, Ste. A, Baton Rouge, LA 70816 (225-295-8444).

Counseling Relationship: I see counseling as a process in which you the client, and I, the LPC, 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 are provided on a sliding scale basis ranging from \$35.00 to \$75.00. Payment is due at the close of each session. Certain private insurances are accepted. Medicare or Medicaid is not accepted.

Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or canceled with the receptionist or through my GCC number 318-301-6402 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 in person as well as through telemental health.

Code of Conduct: As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC 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 LPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: Material revealed in counseling will remain strictly confidential except for the 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 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. The suicide hotline number is 1-800-273-8255. Glenwood Regional Medical Center can be reached at (318) 329-4525 for any mental health or psychiatric emergencies.

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, LPC, and my signature below indicates my full informed consent to services provided by Skylar Artigue, MAMFC, LPC. I am also aware that my sessions with Skylar Artigue, MAMFC, LPC may be audio or video taped.

Client Signature

Date

Client Signature

Date

Skylar Artigue, MAMFC, LPC

Date

Parent/Guardian Consent for Treatment of a Minor:

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

Name of Minor

Signature of Parent or Legal Guardian

Date