

### **Declaration of Practice and Procedures:**

Kevin Richard, MA, LPC, NCC  
Director of Granberry Counseling Centers  
7200 DeSiard Street, Monroe, LA 71203  
Phone: (318) 345-8200

### **Qualifications:**

Bachelor of Arts in Christian Ministry from Leavell College of New Orleans Baptist Theological Seminary.  
Master of Arts in Professional Counseling from Liberty University, Lynchburg, VA.

Licensed Professional Counselor, LPC #5091  
LPC Board of Examiners  
11410 Lake Sherwood Avenue North, Suite A  
Baton Rouge, LA 70816 (225)-295-8444

**Counseling Relationship and Expectations:** The vital part of the counseling relationship is trust between the client and the counselor. As the counselor, I endeavor to support, educate, and empower all present in the counseling session so that each feels safe to express their feelings, desires and needs. The goal of the counseling relationship is to develop a safe, professional and confidential environment where the counselor and client work as a team to create change and reach goals set by the client. Spirituality is often a vital source in helping clients heal and achieve their goals individually and in their relationships. I am distinctly Christian in my view of life and the world.

**Areas of Focus:** I work with individuals, couples, and families dealing with a wide range of therapeutic issues. Some of these include: anger management, anxiety, addictions, affairs, dementia/Alzheimer's, caregiver support, depression, grief, job/career adjustment, divorce, family conflict, forgiveness, post-traumatic stress, pornography, relationship difficulties, sexual abuse and sexuality. I incorporate elements of Cognitive Behavioral Therapy, Emotionally Focused Couple Therapy, Anthetic Therapy and Motivational Interviewing into the sessions.

**Fees and Office Procedures:** The fee for services is \$90 for a 60-minute session and is adjustable based on client's income. Payment for services is due at the time of visit. Granberry Counseling Center accepts some private insurance. ***Any fees not covered by the insurance company are the responsibility of the client and are due at the time of session.*** Electronic checks, credit or debit cards are accepted forms of payment and are to be made on-line at granberrycounseling.org. If you need to cancel a scheduled appointment, please notify the counselor at least 24 hours before the expected session, otherwise a no-show fee will be charged (except for emergency situations) and must be paid before scheduling another session.

**Teletherapy:** All teletherapy sessions will be conducted through Doxy.me which is encrypted to the federal standard. Counseling sessions will be scheduled for 60-minute increments, unless you and the counselor agree on a different time schedule. The next session will be scheduled at the end of the current session, unless otherwise agreed upon. The structure of sessions will be dependent on the treatment plan and interventions being used.

### **Ethical and Legal Rights Related to Teletherapy**

I will not be conducting Teletherapy in any other state than Louisiana unless I specifically seek and obtain licensure in the other state. It is important for you, as a client, to realize if you should relocate to another state, my ability to continue to conduct teletherapy would be dependent on my decision whether to seek licensure in the state to which you are relocated.

### **Responsibilities of the client: All clients should:**

- Be appropriately dressed during sessions.
- Avoid using alcohol, drugs, or other mind-altering substances prior to session.
- Be located in a safe and private area appropriate for teletherapy sessions.
- Make every attempt to be in a location with stable internet capability.

### **Clients should NOT:**

- Record sessions unless first obtaining the counselor's permission.
- Have anyone else in the room unless you first discuss it with myself.

- Conduct other activities while in session (such as texting, driving, etc.).
- \* If the client is a minor, a parent or guardian must be present at the location/building of the teletherapy session (unless otherwise agreed upon with the therapist).

**Potential Counseling Risks:**

When using technology to communicate on any level, there are some important risk factors of which to be aware. It is possible that information might be intercepted, forwarded, stored, sent out, or even changed from its original state. It is also possible that the security of the device used may be compromised. Best practice efforts are made to protect the security and overall privacy of all electronic communications with you. However, complete security of this information is not possible. Using methods of electronic communication with us outside of our recommendations creates a reasonable possibility that a third party may be able to intercept that communication. It is your responsibility to review the privacy sections and agreement forms of any application and technology you use. Please remember that depending on the device being used, others within your circle (i.e. family, friends, employers, & co-workers) and those not in your circle (i.e. criminals, scam artists) may have access to your device. Reviewing the privacy sections for your devices is essential. Please contact me with any questions that you may have on privacy measures.

**Potential Limitations of Teletherapy:**

Teletherapy is an alternate form of counseling and should not be viewed as a substitution for taking medication that has previously been prescribed by a medical doctor. It has possible benefits and limitations. By signing this document, you agree that you understand that:

- Teletherapy may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.
- Misunderstandings may occur due to a lack of visual and/or audio cues.
- Disruptions in the service and quality of the technology used may occur.

**Emergency Situations:**

The following items are important and necessary for your safety. The clinician will need this information to get you help in case of an emergency. By signing this consent to treatment form you acknowledge that you have read, understand, and agree to the following:

- The client will inform Kevin of the physical location where he/she is while participating in sessions and will inform me if this location changes.
- In the first teletherapy session, you will provide the name of a person I am allowed to contact if I believe you are at risk. You will be asked to sign a release of information for this contact.
- In the first teletherapy session, you will provide information about the make, model, color, and tag number of your automobile.
- In each session, you will provide information about the nearest emergency room or emergency services (such as fire station, police station, if there is not an emergency room nearby.)
- Depending on the assessment of risk and in the event of an emergency, you or I may be required to verify that the emergency contact person is able and willing to go to the client's location and, if that person deems necessary, call 911 and/or transport the client to a hospital. In addition to this, I may assess, and therefore require that you, the client create a safe environment at your location during the entire time of treatment. If an assessment is made for the need of a "safe environment" a plan for this safe environment will be developed at the time of need and made clear by me.
- In case of a need to speak to me between sessions, please call, or text, and leave a message. I do not provide emergency services on a 24-hour basis. If your emergency is after hours, please contact your nearest emergency room. Typically contact between sessions is limited to arranging appointments.

If you need the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely meet with more than one counselor, unless the two counselors have agreed to coordinate your care.

**Back Up Plan in Case of Technology Failure:**

A phone is the most reliable backup option in case of technological failure. It is, therefore, highly recommended that you always have a phone at your disposal and that I know your phone number. If disconnection from a video conference occurs, I will end the session and attempt to restart it. If reconnection does not occur within five minutes, call me at the contact number I have provided. If, within 5 minutes, I do not hear from you, you agree (unless otherwise requested) that I can call the phone number you provided.

**Professional Code of Ethics:** As a LPC, I am required by state law to adhere to the Code of Conduct for practice adopted by the Louisiana Professional Counselor Board of Examiners. Copies of the Code of Conduct are available and can be provided 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 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 himself/herself or someone else.
3. There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult.
4. A court order has been received directing the disclosure of information.
5. In the case of marriage or family counseling material may be shared with other members of the family or the spouse with permission from the client.

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

**Emergencies:** The primary phone number to call is Granberry Counseling Center number which is (318) 345-8200. When I am 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 case of an immediate emergency please call 911 or go to the nearest hospital emergency room.

**Client Responsibilities:** As the client, you are a full partner in this counseling relationship. I expect you to be open with me as your counselor, therefore if you have any concerns or questions about how our counseling sessions are being performed, please inform me. If I determine that you would be better served by another mental health provider, I will help you with the referral process. I expect you to inform me if you are seeing another mental health care provider and allow me permission to share information with this individual on your behalf.

**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. As a routine part of the initial session, you will be asked the name of your physician, and to list any medications that you are now taking. Please inform me of any future changes in medication.

**Potential Risks of Counseling:** While working together, other problems may arise that you were not necessarily aware of. If this occurs, please feel free to share your concerns with me.

I have read the Declaration of Practices and Procedures of Kevin Richard, MA, LPC-S, NCC and my signature below indicates my full informed consent to services provided by Kevin Richard, LPC-S.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Client Name \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Counselor Name \_\_\_\_\_ Date \_\_\_\_\_

**For Minors only:**

I, \_\_\_\_\_, give permission for Kevin Richard MA, LPC, NCC to  
(Parent or Legal Guardian)

conduct counseling with my \_\_\_\_\_,  
(Relationship to Minor Client) (Name of Minor Client)

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Legal Guardian Name \_\_\_\_\_ Date \_\_\_\_\_