Declaration of Practices and Procedures

Skylar Artigue, MAMFC, LPC-S
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-S) #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, 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 way for you to realizing those goals.

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

Fees and Office Procedures: Granberry Counseling Centers accepts some private insurances. Any fees not covered by the client's insurance are the client's responsibility and are paid on-line directly to Granberry Counseling Centers at granberrycounseling.org. The fee for service is $90.00 per 60 minute session. When applicable, services are provided on a sliding scale basis. Payment is due at the close of each session.

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.

Teletherapy:

By signing this form, you are not making a commitment to continue teletherapy therapy as a permanent modality, but you will continue to have that option should you and Skylar Artigue both agree that it is in your best interest. I have completed teletherapy training required by the LA Board of Examiners. All teletherapy sessions will be conducted through Doxy.me which is encrypted to the federal standard. I will not be conducting Teletherapy in any state other than Louisiana. It is important for you, as a client, to realize if you should relocate to another state, I will not be able to continue teletherapy with you.

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 my permission.
- Have anyone else in the room unless you first discuss it with me.
- 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).

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.

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.

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 are acknowledging that you have read, understand, and agree to the following:

- The client will inform me of the physical location where he/she is and will utilize consistently 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 in case 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 the 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 for appointments.
- If you need the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely be meeting with more than one counselor, unless the two counselors have agreed to coordinate your care.

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, end the session and I will attempt to restart the session. 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 provided phone number.

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.

Emergency Situations: If an emergency should arise, you may seek help through any hospital emergency room or by calling 911. Alternatively, you may call 988 which is a suicide/mental health crisis hotline.

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. While 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_____