

# Declarations of Practices and Procedures

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*\* indicates a required field*

Greg Guerin, MA, LPC-S

Guerin Counseling, LLC

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Welcome to my virtual office. I look forward to working with you. In order that you have the opportunity to make an informed decision regarding services and your treatment, I want to introduce myself and provide you with information about the services I offer. Please read the information carefully and ask questions at any time.

**Qualifications:** I earned a Master of Arts degree in Counseling from Southwestern College in Santa Fe, NM in December of 2002. My undergraduate degree is in Chemistry from LSU-S (1989). I hold a current license with the Licensed Professional Counselors Board of Examiners as a Licensed Professional Counselor, # 3196 (granted 2007). Their contact information is: 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444.

**Counseling Relationship:** I see counseling as a process of exploration, unfolding, and transformation occurring within the context of the therapeutic relationship that has formed between you, the client, and me.

**Area of Focus:** I have a general practice having worked with children, adolescents, adults and their families as well as substance abuse counseling. I am a Board Approved Clinical Supervisor for Provisionally Licensed Professional Counselors. I have been employed previously at The Adolescent Center, Brentwood Hospital and the Student Development and Counseling Center at LSU-Shreveport.

**Fees and Office Procedures:** My regular counseling session fee is \$105 for a one hour session. ALL fees for services are the responsibility of the client unless you are a Workers Compensation patient billed by New Awakenings, LLC through Workers Compensation insurance. Group fees (other than Workers Compensation) are \$40.

I only file Blue Cross Blue Shield Insurance. If you have another carrier, you must file insurance, I will give you a receipt with the appropriate codes and information that you need for a Health Insurance Claim Form (HICF). **No Show Policy:** If you fail to give forty-eight hours' notice of cancellation you will be charged a fee of one half my regular rate for your first missed appointment and the full rate for appointments subsequently missed.

I generally schedule appointments via phone and/or at the end of a session. With your

permission, I may offer appointment times by email or text; in these instances, you must confirm the appointment by 6PM, unless another time is specified, in order to hold the time slot. I only will use texting or email for coordination purposes not for therapeutic purposes. Your client portal on Simple Practice has secure messaging for private communication; remember that texts and email are not considered secure.

**Services Offered & Clients Served:** I approach counseling from a humanistic and existential perspective in the main, while including other perspectives, as appropriate, such as solution focused therapy, narrative therapy, and cognitive behavioral therapy; I generally keep Jungian and "depth" approaches as theoretical backdrop. When addressing spiritual concerns I will most likely use a Jungian approach. When treating substance abuse I generally adopt a motivational interviewing style. I work with individuals, groups, and families if appropriate, to address issues that may arise from internal and external conflicts, life adjustments and transitions.

**Code of Conduct:** As a Licensed Professional Counselor, I am required by state 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 the code of conduct is available upon request.

**Confidentiality and Privileged Communication:** Materials revealed in counseling will remain strictly confidential except for the following circumstances in accordance with state law where the therapist must take reasonable, personal action to inform the proper authorities:

- The client signs a written release of information indicating informed consent of such release;
- The client expresses intent to harm self or other;
- There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult;
- A court order is received directing the disclosure of information;
- This may include contagious, life-threatening diseases that have been confirmed by the therapist.

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. 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. Counseling records are kept as a part of your counseling record. Third party documents will not be released to the client. If you have any question regarding privileged communication please ask me for clarification before you make a disclosure and, preferably, at the outset of our work together.

**Emergency Situations:** While I check my messages daily, it may be several hours or the next business day before I can respond. Should an emergency situation arise that requires immediate attention please call 911 or go to your nearest emergency room.

Willis Knighton Behavioral Medicine can be reached at: (318) 212-5200 or Toll-Free: (800) 448-9562.

Client responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential to the success of your therapy. I encourage you to purchase a journal to bring with you to sessions. I routinely give homework assignments that can be completed in your journal. A journal is a useful place to record questions or concerns to bring to your session as well as take notes for yourself during your sessions.

Should you have concerns about counseling process while we work together, I expect you to share these with me so that I can make adjustments to serve you better. If the therapeutic process unfolds such that another mental health provider would better serve you, 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 the services that we are providing.

Physical Health: Your physical health plays an important part in your emotional health and vice versa. The more complete history you give me, the better I will be able to help you. Please inform me of any medications being used, including illegal substances, at the time of the initial intake. It is highly recommended that you receive a complete physical examination if one has not been completed within the past year; this is important as conditions like hypothyroidism can mimic and/or exacerbate depression, for one example. Please keep your attending physician informed of your physical and emotional condition so that s/he may continue to work with you effectively, including your medication management should this apply.

Potential Counseling Risks: You should be aware that counseling poses certain, potential risks. In the course of working together, additional issues may arise that you were unconscious or unaware of when you entered into therapy. If this occurs, please feel free to share these new concerns with me. It is not uncommon to "discover" emotionally charged and/or difficult issues in the course of therapy. Also, it is not unusual for a client to begin new behaviors that may cause discomfort to others in their life. Getting a clear understanding of current issues is often more complex than it seems at first glance. Developing new understandings, thoughts, and behaviors related to your concerns can be intensive and take time to make routine in your daily life.

**\* I have read the Declaration of Practices and Procedures of Greg Guerin, M.A., LPC-S and my signature below indicates my full, informed consent to services provided by Greg Guerin, M.A., LPC-S.**

I consent to sharing information provided here.

**\* Parent/Guardian Consent for Treatment of a Minor: I give my permission for Greg Guerin, M.A., LPC-S to conduct therapy with**