

Declaration of Practices and Procedures

Charmaine J. Garin, M.S., PLPC, NCC

Counseling For Growth, L.L.C.

2924 Brakley Dr Suite B2, Baton Rouge, LA 70816

(225) 366-9902

Qualifications: I earned a Master of Science degree in Clinical Mental Health Counseling from Southeastern Louisiana University in 2024. I hold a Provisional License Professional Counselor (PLPC) #PLC10182 with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, 225-295-8444.

The Louisiana LPC Board of Examiners has approved Dr. June Williams, PhD., LPC-S, 300 W Dakota St, Hammond, LA 70401, (504)-491-9204 as my LPC Board-Approved Supervisor. Dr. Williams is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

Counseling Relationship: I see counseling as a collaborative relationship between the client and counselor. My role as a counselor is to provide you a safe space where you are comfortable expressing yourself and exploring your thoughts and feelings. I highly value the collaborative nature of our relationship therefore, I am with you to support and guide you through your journey to healing, growth, and acceptance.

The length of counseling sessions will depend on your particular situation and the goals you want to achieve. It's important to remember that counseling is voluntary, and you may choose to discontinue the sessions at any time. However, I encourage you to continue attending until you feel confident that you no longer need support or assistance in managing your issues and have achieved your therapy goals. If you feel that you're no longer benefiting from the sessions, we can discuss other options and ensure you have the appropriate referrals and resources you need.

It is important to acknowledge that our relationship is strictly professional despite the personal nature of our counseling sessions. Our time together will be limited to the scheduled sessions.

Area of Focus: I work with individuals of all ages who are facing challenges related to anxiety, self-esteem, childhood trauma, and relationships. In addition to being provisionally licensed as a PLPC in Louisiana, I hold national certification as a National Certified Counselor (NCC#1732256).

Services offered and Clients served: I work with clients in a variety of formats including individual and group counseling. I work with children and adults, with the exception that I do not work individually with children under six years of age.

What to Expect from Therapy: I work from a relational psychodynamic approach which allows me to explore both current and past relationships, particularly childhood experiences, in order to understand emotional responses and patterns of behavior. Through this approach, my role is to help the client explore and understand their relational patterns by examining their past, to better understand their present, and ultimately work towards developing healthier and more fulfilling relationships. Additionally, this approach places significant emphasis on the importance of the therapeutic relationship as a safe and supportive environment for exploring and processing difficult emotions and experiences. I highly value the person-centered aspect of therapy by creating a supportive and non-judgmental environment where the client is encouraged to express themselves freely. I believe in providing empathy and unconditional positive regard towards the client, as well as the idea that they have the ability to find their own solutions to their problems.

Code of Conduct: As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC 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. I am also required to follow all codes of ethics specific to the professional organization I belong to maintain my membership. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my LPC Board-Approved Supervisor and 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 themselves or someone else.
3. There is a reasonable suspicion of abuse or neglect against a minor child, elderly person (60 or older), or dependent adult.
4. A court order is received directing the disclosure of information.

In the case of child counseling, any material obtained from a minor client may be shared with the client's parent or guardian.

As a PLPC, I may be required to audio or videotape our sessions. These will only be shared with my LPC Board-Approved Supervisor or other PLPCs and may only be used for the purpose of supervision towards licensure.

To be an ethically responsible PLPC, it is important for me to consult with other professionals from time to time. As such, it is my practice to meet with a "peer consultation" group. This practice is encouraged by my Code of Conduct. No identifying information is given during peer consultations.

Privileged Communication: I do not disclose client confidences and information to any third party without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect (which can include any reported viewing of child pornography), elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Additionally, as a professional, I may consult with other professionals if I find myself to have some struggles with where to go with your case or if there is an ethical predicament that arises. Please understand that your personal

information will not be shared during consultations and that I will only talk about the struggle or ethical predicament without any identifying information. You have a right to inform me if you would not like such processes to take place with your particular case, otherwise, your signature at the bottom of this form indicates consent for such consultation (if needed) regarding your case.

Certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. When working with groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization.

Telemental health: Telemental health services are services that rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, e-mail, text messaging, virtual environments, specialized mobile health apps, and others. Ms. Garin and Counseling for Growth, LLC only uses videoconferencing telemental health services through doxy.me or Zoom. If receiving services through telemental health, consider the following additional specific considerations.

a) You will need access to the internet, a computer, telephone, and/or pad and to the HIPAA compliant doxy.me account or with a Zoom link account for Ms. Garin. If you have questions or concerns about the above listed tool, please address them to Ms. Garin directly so you can discuss their risks, benefits, and specific application to your treatment. If authorized, you will receive a text message or e-mail reminder about appointments through the www.therapyappointment.com system. All sessions are in Central time. Due to licensing laws, Ms. Garin can only provide telemental health services to clients who are physically in the State of Louisiana during the time of telemental health appointment.

b) Consider that there are benefits to telemental health, to include: i) providing services remotely at times or places where services may not otherwise be available; ii) receiving services in a fashion that may be more convenient and less prone to delays than in-person meetings; iii) receive services when you are unable to travel to the service provider's office; and iv) the unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health. However, there are risks involved as well, to include but not limited to: i) Internet connections and cloud

services could cease working or become too unstable to use; ii) cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery; iii) computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out; and iv) interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risks, sometimes in collaboration with you, as your therapeutic relationship progresses. Ms. Garin and Counseling for Growth, LLC will follow security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy. You can do this by using devices and service accounts that are protected by unique passwords that only you know. Additionally, you may find that telemental health may not be appropriate and/or a good fit for you. Please let Ms. Garin know if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. Raising your questions or concerns will not, by itself, result in termination of telemental health services. Bringing your concerns to your provider is often a part of the process. If you decide to use telemental health, consider that you will have to provide the city in which you are when participating in sessions at the beginning of each session. You may also want to have a plan for managing technology problems, how to address mental health crisis situations, and how to handle medical emergencies.

c) Please do not record video or audio sessions without your provider’s consent. Making recordings can quickly and easily compromise your privacy and should be done with great care. Your provider will normally not record video or audio sessions. If a recording scenario arises, your provider will discuss this with you and get a separate consent to record signed from you.

d) You can choose to stop telemental health services at any time without repercussions or prejudice.

e) You are encouraged to use headsets when using telemental health to reduce the chances of others hearing what is being discussed and encouraged to be in a private setting. Please consider

how you are responsible for creating a safe and confidential space during your sessions. Our plan for backup communications in case of technology failures and for responding to emergencies and mental health crisis include the following: i) telephone (cell phones) will be used as a means for backup communications; ii) in case of emergencies outside of our regularly scheduled appointment, you are encouraged to call 911 or go to your nearest emergency room. You can always call Ms. Garin at (225) 366-9902; however, if unavailable, then please call 911 or go to your nearest emergency room. Ms. Garin will respond within 24-48 hours if you leave a voicemail. Please consider that text-messages will not necessarily be responded to due to Ms. Garin not being able to tell if the client truly sent the message or if it was sent by someone else.

After Hours and Emergencies: After office hours, you may leave a message on my answering machine (225) 366-9902, and I will return your call as soon as possible. In an emergency or crisis situation, you are encouraged to call 911 or the crisis hotline (1-800-437-0303) or to go to the nearest emergency room.

Fees, Office Procedures, Policies for Insurance Reimbursement:

Appointments: Appointments are typically set at the close of each session. I have morning, afternoon and evening appointments available on Tuesdays, Thursdays, and Fridays. Appointments may be scheduled, rescheduled, or cancelled with me but a minimum of a twenty-four (24) hour notice is required. Failure to give notice for any appointment not cancelled twenty-four (24) hours in advance may result in a charge for the time reserved for you.

Fees: The fee is \$80 for the first session, \$75 for follow-up. Follow up sessions will vary in fees depending on the length of the session in accordance with the CPT codes. Most sessions are 45 minutes long while some can last up to 60 minutes. The fee schedule you receive contains additional information for all services provided at Counseling for Growth, L.L.C. Payment for services rendered is due at the close of each session and must be paid in cash, check, or credit card.

Insurance: Payment will not be accepted from insurance companies. As a PLPC, I may not accept payment for services directly. Please authorize your payment directly to: Counseling for Growth,

L.L.C. The statement (receipt) you receive will contain all the information you need to file a claim for reimbursement of your fee. However, if you fail to attend a session and/or did not cancel within twenty-four (24) hours you will be charged \$30.00. Please be advised that I do not provide reduced fee services.

Delinquent payments: If you fail to cancel a session within twenty-four (24) hours prior to the session and do not return to counseling in order to continue treatment and to make-up payments, you will receive a bill sent to the address you provide. The envelopes will not have any identifying information regarding the counseling practice nor my name in order to maintain confidentiality. Additionally, you may be referred to a collection agency in order to collect delinquent payments.

Texting and E-mail Policy: Some clients may prefer e-mailing or texting; however, Counseling for Growth, LLC and Ms. Garin have a no e-mail or text policy (with few exceptions) due to difficulties with receiving texts and other ethical and legal concerns associated with texts and e-mails. The canceling of appointments need to be done via phone as well as any communications initiated by the client. Phone calls allow me to determine your identity and to be able to freely discuss with you your appointments and/or concerns.

Client Responsibilities: As we work together in counseling, it's important to remember that you are an active participant, and your honesty and effort are crucial for success. If you have any suggestions or concerns regarding your counseling, please feel free to share them with me so that we can make the necessary adjustments. In case I feel that you would be better served by another mental health provider, I will assist you with the referral process. If you are currently receiving services from another mental health professional, please inform me about it and grant me permission to coordinate our services with them by sharing information.

Physical Health: Physical health can be an essential 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 which you were not initially aware of. If this occurs, please feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Charmaine J. Garin, M.S., PLPC, NCC and my signature below indicates my full informed consent to services provided by Charmaine J. Garin, M.S., PLPC, NCC. I am aware that Ms. Garin may share information with Dr. June Williams, PhD., LPC-S, and other PLPCs for the sole purpose of supervision toward licensure, and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Charmaine J. Garin, M.S., PLPC, NCC may be audio or videotaped for the purposes of supervision. Lastly, as a contract employee of Counseling for Growth, LLC, Charmaine J. Garin, M.S., PLPC, NCC will process cases with Dr. Christian J. Dean, Owner of Counseling for Growth, LLC for quality assurance and adherence to practice guidelines.

Client Printed name _____ Date _____

Client Signature _____ Date _____

Charmaine J. Garin, M.S., PLPC _____ Date _____

June Williams, PhD., LPC-S _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Charmaine J. Garin, M.S., PLPC to conduct therapy with my _____, (relationship)

(Name of minor)

Signature of Parent or Legal Guardian

Date