



Renee B. Gusman, LPC • Phone 504-813-0951 • Fax 504-486-7595

## **Declaration of Practices and Procedures**

### **Qualifications**

I earned a Masters degree in Counseling from Loyola University in 1985. I am a Licensed Professional Counselor #4196 with the Licensed Professional Counselors Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809. Telephone number is 225-765-2515.

### **Counseling Relationship**

I see counseling as a process in which you, the client, and I, the counselor, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life, and work in a systematic fashion toward realizing those goals.

### **Areas of Expertise**

I have a general practice focusing on families, couples, women, children, and adolescents. I am a member of the Association for Play Therapy, the Louisiana Counselors Association, and the American Counseling Association.

### **Fee Scales**

The fee for my service is \$150.00 for an initial evaluation session and \$120.00 per subsequent session. Payment is due at the time of service. I accept cash, checks, and major credit cards except American Express. Clients are seen by appointment only. Clients will be charged for appointments that are broken or cancelled without 24-hour notice. Payment is accepted from several major insurance companies. I also have a sliding fee scale for clients with demonstrated financial need.

### **Court Testimony**

If it becomes necessary for me to appear in court on your behalf, my charge is \$175.00 per hour with a minimum of \$525.00.

### **Services Offered and Clients Served**

I work with children, adolescents, adults, and families using Person-Centered, Cognitive-Behavioral, and Play Therapy approaches to help clients develop a better understanding of their emotions and self-development while treating problems of depression, anxiety, trauma, relationships, career, and school.

### **Code of Conduct**

As a counselor, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. A copy of this Code of conduct is available upon request.

### **Privileged Communication**

Material revealed in counseling will remain strictly confidential except 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 yrs. or older), or a dependent adult; or 4)A court order is received directing the disclosure of information.

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.

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 member only 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 situation should arise, you may seek help through hospital emergency room facilities or by calling 911.

**Client Responsibilities**

You, the client, are a full partner in counseling. Your honesty and effort are essential to success. If as we work together you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops 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 the permission to share information with this professional so that we may coordinate services to you.

**Physical Health**

Physical health is an important factor in the emotional well-being of an individual. If you have not had a physical examination in the past year, it is recommended that you do so. Also, please provide me with a list of the medicines you are currently taking.

**Potential Counseling Risks**

You should be aware that counseling poses potential risks. In the course of working together additional problems may surface that you were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the above information.

Client’s/Guardian’s signature \_\_\_\_\_ Date \_\_\_\_\_