

Declaration of Practices and Procedures

Laura Choate, Ed.D., LPC
Baton Rouge Counseling Associates
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Qualifications: I earned an Ed.D. in Counselor Education from the College of William and Mary in 1997. I also hold a B.A. degree in Psychology from the University of Virginia. I am licensed as a LPC #2156 with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, 225-765-2515.

Counseling Relationship: I view counseling as a place where you can share your thoughts and feelings in a safe and supportive environment. Upon entering the counseling relationship you will take a challenging but important step in facing the issues that have prevented you from achieving your goals. I look forward to working with you as you begin this process of self-discovery and growth. I emphasize evidence-based approaches that are tailored to meet your treatment needs. I will work with you from a wellness perspective to enable you to better focus on all aspects of your life, with the goal of helping you to develop optimal mental, spiritual, physical, occupational, and social wellness.

Areas of Focus: I focus on counseling adolescent and adult individuals, and have experience working with clients who are facing a variety of personal issues, including parenting skills, anxiety and depression, body image disturbance and eating disorders, life transitions, grief and bereavement, relationship issues, substance use disorders, intimate partner violence and sexual assault. In addition to being licensed as a LPC in Louisiana, I have been a Professor of Counselor Education at Louisiana State University since 1999 where I teach counseling courses and supervise master's level students completing practicum and internship in clinical mental health counseling settings.

Fees and Office Procedures: The fee for services is \$120.00 per session and is paid directly to Laura Choate. Payment for services is due at the close of each session. I accept checks, cash, or Visa/Mastercard. I do not file claims for insurance company reimbursement, although you are welcome to file a claim with your insurance company.

Appointments are typically set at the close of each session. I have appointments available on Thursdays. You may schedule, reschedule, or cancel appointments by contacting me at (225) 933-0796 or at laurachoate@me.com. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Services Offered and Clients Served: I work with individuals, couples, families and groups. I see clients of all ages and backgrounds with the exception that I do not work individually with children under 10 years of age.

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.

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 him/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 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.

Privileged Communication: 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.

Emergency Situations: I am unavailable to answer calls after normal office hours. If it is not an emergency, you may leave a message on my voice mail and I will return your call by the next business day. In an emergency situation when an immediate response is necessary, you may call the Crisis Intervention Center (The Phone) at 924-3900 or the Our Lady of the Lake Cope Team at (225) 765-8900. You may also seek help through hospital emergency facilities or by calling 911.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if 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 we 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. In the course of 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 Laura Choate, Ed.D., LPC and my signature below indicates my full informed consent to services provided by Laura Choate, Ed.D., LPC.

Client Signature, Date

Laura Choate, Ed.D, LPC ,Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Laura Choate, Ed.D.,LPC
To conduct therapy with my _____ (Relationship), _____ (Name of
minor)

_____ Signature of Parent or Legal Guardian

_____ Date