

## **Declaration of Practices and Procedures**

Beau Dantin, M.A., LPC

Baton Rouge Counseling Associates

10935 Perkins Road, Suite B.

Baton Rouge, LA 70810

Qualifications: I earned a Masters of Arts in Marriage and Family Therapy/ Counseling from Reformed Theological Seminary in 2010. I am a Licensed Professional Counselor #(4774). Licensed with the LPC Board of Examiners which is located at 8631 Summa Ave., Baton Rouge, LA 70809; (225) 765-2515.

Counseling Relationship: I will facilitate a warm, accepting, and transparent therapeutic relationship where clients feel valued and safe. I will show no prejudice towards race, sex, and religion or belief system.

Clients will set their own specific goals for their lives and for therapy. My personal goal for my clients is for them to be healthy mentally, emotionally, physically, and spiritually. Whatever goals are defined within therapy, they will be obtainable goals and ones that will benefit the client in positive personal growth.

Areas of Focus: Marriage and relationship counseling, premarital counseling (Certified PREPARE and ENRICH), family counseling, addictions, children and adolescents, and group therapy.

Fees and Office Procedures: The fee for services is \$100.00 per session. Clients will be required to pay at the end of each session with either cash or check. All fees made payable to Beau Dantin. Initial appointments will be scheduled at the counselor intern's and client's earliest convenience and from then on schedule appointments as needed. Clients are asked to notify counselor intern 24 hours in advance to cancel appointment and they will be informed they may be billed for session if they do not notify in appropriate amount of time. I will notify clients at least 24 hours ahead of time if I cannot meet for scheduled appointment. I will not accept any form of insurance.

Services Offered and Clients Served: I counsel from a Christian perspective. I use various theoretical perspectives and techniques in therapy. I use a family systems and family structural approach when working with families. I am certified in Prepare/Enrich for working with premarital couples and older couples. I use various cognitive/behavioral and experiential theoretical approaches to counsel couples and individuals, such as; Pragmatic Experiential Therapy for Couples (PET-C), Emotion Focused Therapy for Couples (EFT) and Cognitive/Behavioral Therapy (CBT). When working with children and adolescence I use Play Therapy techniques. I take working within my competencies seriously and believe that no technique is effective without a strong/healthy therapeutic relationship with the client. I use individual therapy, couples therapy, family therapy, and group therapy to administer therapy. I serve any individual seeking help regardless of race, sex, and religion or belief system. I see clients of all age ranges with the exception of children under six years of age. I see individuals suffering from depression, anxiety, anger issues, addictions, abuse, personality disorders, sexual issues, men's issues, etc. I also see couples for relationship and marital issues/problems.

Code of Conduct: As a Counselor I am required by state law to adhere to our Code of Conduct which is determined by the Louisiana Licensing Board, and a copy of this Code is available 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: My practice is not equipped to handle emergency situations. If an individual contacts me with an emergency I will have a list of emergency referrals to give to them such as: the suicide hotline, 911, battered women's shelters, etc. If I am unable to answer your call, you may leave a message and I will return your call as soon as I can.

Client Responsibilities: Clients are expected to follow office procedures for keeping appointments, clients must pay after each session, clients must notify the counselor of any other ongoing mental health relationship. If the client is seeing another mental health professional, permission must be granted by the first therapist for the second to work with the same client. You, the client, are a full partner in counseling. Your honesty and effort is 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 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. I suggest that my clients have a complete physical examination every year. I also request that my clients list any medications that he/she may be taking or frequently use.

Potential Counseling Risk: As a result of mental health counseling, the client may realize he/she has additional issues which may not have surfaced prior to the onset of the counseling relationship. The counselor may also indicate possible risk within specific specialty areas.

I have read the Declaration of Practices and Procedures of Beau Dantin, M.A., LPC and my signature below indicates full informed consent to services provided by Beau Dantin, M.A., LPC.

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Client Signature

Date

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Beau Dantin, M.A., LPC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give my permission for Beau Dantin, M.A., LPC to  
(Name of parent or legal guardian)

conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of Minor)

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Signature of Parent or Legal Guardian

Date