



# SHANNON E. SMITH, LPC

*Counseling, Consultation & Training*

## **Declaration of Practices and Procedures**

Shannon E. Smith, M.A., LPC-S, NCC  
8241 Summa Ave., Suite A  
Baton Rouge, LA 70809  
(225) 230-9100

**Qualifications:** I earned a Master of Arts degree in Mental Health Counseling from Louisiana State University in 2015. I am a Licensed Professional Counselor (LPC #6479) and Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs) under the regulation of the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816 (225-295-8444). I am also a National Certified Counselor (NCC #782021) through the National Board for Certified Counselors (NBCC).

**Counseling Relationship:** I see counseling as a process in which you and I develop trust and understanding with one another in order to work together to explore and define your current and future concerns, develop goals for an improved life, and strive to meet your counseling objectives. I believe that the relationship between the client and counselor is one of the most important aspects of the therapeutic process.

**Areas of Focus:** I focus on clients with a variety of personal and relational issues. Some areas of focus include sexual victimization and trauma, gender dysphoria, identity formation, problem sexual behaviors, affective disorders, and men's mental health.

**Fees and Office Procedures:** Fees are provided at the outset of services. Payment is expected at the time of service. I accept several commercial and Medicaid insurance plans. Appointments are 45 or 60 minutes long and are typically held once per week or once every other week. Appointments can be scheduled at the end of each session, by phone, or through secure online scheduling. Please give 24-hours notice when canceling an appointment to avoid a late cancellation fee (up to a full session fee).

**Services Offered and Clients Served:** My approach to counseling is integrative and based on the needs of the client. I utilize techniques from several theoretical perspectives, including person-centered, cognitive-behavioral, trauma-informed, and systems-based theories. I provide therapy for individuals, couples, families, and groups, and I see clients who are age twelve and older. Sessions are provided in person in my office or remotely via video. All sessions are provided by appointment only.

**Code of Conduct:** As an LPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. Due to my national certification and professional memberships, I must also follow the Code of Ethics of NBCC, ACA (American Counseling Association), ATSA (Association for the Treatment and Prevention of Sexual Abuse), and WPATH (World Professional Association for Transgender Health). A copy of the Code of Conduct and/or Code(s) of Ethics is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners.

**Confidentiality & 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 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.

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 attempt to inform clients of all mandated disclosures as possible.

In the event of marriage or family counseling, material obtained from a client individually may be shared with the client's spouse or other family members, and counselor will discuss specific limits to confidentiality in these cases. Any material obtained from a minor client may be shared with the client's parent or guardian. Email and text correspondence may become part of the counseling file, and information should be shared by these means of communication with careful consideration.

**Emergency Situations:** If an emergency should occur after business hours, contact the Suicide and Crisis Lifeline by dialing 988. You may also seek help through hospital emergency facilities or by calling 911. You are encouraged to know the location and directions to your nearest hospital emergency facility.

**Client Responsibilities:** You are a full partner in counseling. Your honesty, effort, and consistent participation are essential to success. If you are a member of a treatment group, you are expected to interact with the counselor and other group members with respect, to adhere to all group rules, including confidentiality, and to contribute to the group in a consistent and meaningful way. If you have questions or concerns about your counseling, I expect you to share these with me so that we can make any necessary adjustments. 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:** In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, please share these concerns with me so that I can assist you with processing these arising issues.

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

\_\_\_\_\_  
Client Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Shannon E. Smith, M.A., LPC-S, NCC \_\_\_\_\_  
Date

**Parent/Guardian Consent for Treatment of a Minor: (for minor clients only)**

I, \_\_\_\_\_, give my permission for Shannon E. Smith, M.A.,  
(Name of Parent/Guardian)

LPC-S, NCC to conduct therapy with my \_\_\_\_\_,  
(Relationship) (Name of Minor)

\_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_  
Date