

Samantha S. Carey, M.S., PLPC

Shannon E. Smith LPC, LLC
8421 Summa Ave Unit A, Baton Rouge, LA
Phone: (225) 457-1445
Email: Sam@shannonsmithcounseling.com

Declaration of Practices and Procedures

Qualifications: I earned my Master of Science in Clinical Mental Health Counseling at Southeastern Louisiana University in December of 2023. I am a Provisionally Licensed Professional Counselor (PLPC #9942) 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 being supervised by Shannon Smith, LPC-S (LPC#6479).

Counseling Relationship: I believe that a successful therapeutic relationship is a collaboration between therapist and client to explore issues and work towards goals. The client is responsible for emotional work needed to achieve these goals while the therapist acts as a guide and support. Some general goals of therapy may include: increasing self awareness, identity exploration, developing coping skills, learning tools for self-empowerment, and learning and working through decision making steps. The ultimate hope is to give the client the skills needed to feel empowered and capable of handling life situations on their own.

Area of Focus: I focus on clients with a variety of presenting issues and concerns. Some areas that I have had additional training or more experience in include trauma, LGBTQIA2+ concerns, grief, and identity exploration, and couples counseling.

Fees: Fees are provided at the beginning of services. Payment is expected at the time of service. I am unable to accept insurance but I do provide a limited number of reduced fee slots. Appointments are 50 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 text. Please give 24-hours notice when canceling an appointment to avoid a late cancellation fee (full session fee).

Types of Services: I practice from an integrative approach, utilizing multiple modalities and treatments based on the appropriateness for each client. The most common theoretical perspectives I draw from include individual psychology, person-centered, trauma-informed, and emotionally-focused therapy. I provide therapy for individuals, couples, families, and groups. I see clients aged 16 and older. Sessions can be provided in-person or via Telehealth. Sessions are provided by appointment only.

Code of Conduct: Louisiana Law states that counselors are required to adhere to a Code of Conduct for our practice which is determined by the Louisiana Licensing Board, and a copy of this code is available upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

Privileged Communication: Communication between counselor and client is confidential and cannot be shared without the client's consent except in certain situations. These situations include if there is suspicion of abuse of children, elderly, or gravely disabled people that is happening now, if the counselor determines that the client is a threat to themselves (suicidal) or to others (homicidal) in the foreseeable future, if the client becomes gravely disabled, or if the counselor's records are subpoenaed by the court. In any case where the client's information must be released as little information as possible will be released.

During couples or family counseling, information received 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: In the case of an emergency, please contact the Suicide Crisis Lifeline by calling 988, go to your closest emergency room for treatment, or call 911. Do not wait for a response from your counselor in the case of an emergency outside of session because immediate response cannot be guaranteed.

Client Responsibilities: Before an initial session can be scheduled, clients must complete all paperwork in the client portal. Client's are responsible for arriving at appointments on time and providing at least a 24 hour notice when canceling appointments. Through the counseling process, active participation is needed including being honest and bringing any concerns around treatment into session. If participating in a group clients are expected to maintain confidentiality, participate actively, and follow established group norms. If you are receiving treatment from another mental health provider, it is expected that you inform me as well as provide permission for us to communicate in order to coordinate care.

Physical Health: If you have not had a physical exam in the last year it is highly encouraged to do so. Also, please provide a list of any medications you are currently taking in your intake paperwork.

Potential Counseling Risks: When participating in counseling there is a risk of additional unresolved issues that may come out. There is also risk of strains on relationships when clients are evolving and changing while people they are close with may not be or may not understand why. There can be a lot of emotional strain when working through issues and working towards goals. Please bring any concerns around these risks into session.

I have read the Declaration of Practices and Procedures of Samantha S. Carey, M.S., PLPC, NCC and my signature below indicates my full informed consent to services provided by Samantha S. Carey, M.S., PLPC.

Client Signature Date

Samantha S. Carey, M.S., PLPC 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 Samantha S. Carey, M.S., PLPC
(Name of Parent/Guardian)

to conduct therapy with my _____
(Relationship) (Name of Minor)

Signature of Parent or Legal Guardian Date