



**Lauren Wagnon, M.A. PLPC**

Hope & Healing Counseling  
2020 E. 70th Street, Suite 301, Shreveport, LA 71105  
Phone: 318-553-5591 / Fax: 318-553-5592  
Email: laurenwagnon@hopehealingcounseling.com

**DECLARATION OF PRACTICES AND PROCEDURES**

**Qualifications:** I earned a Masters of Arts degree in Clinical Mental Health Counseling from Louisiana Tech University in May, 2022. I am a Provisionally Licensed Professional Counselor (PLPC) #PLC9228 and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444. The Louisiana LPC Board of Examiners has approved Dr. Ida Chauvin, LPC-S, LMFT, 206 E Reynolds Dr, Suite F2, Ruston, LA 71270 (318)224-7223 as my LPC Board-Approved Supervisor. Dr. Chauvin is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as an LPC in the State of Louisiana.

**Counseling Relationship:** The client and counselor relationship is the foundation to the counseling process. Together, as a team, the client and I will begin to identify problem areas, set goals, and work towards improvements that align with the client's values and expectations for their own life.

The time commitment to counseling can vary depending on the client and the situation. If a client feels they are benefitting from counseling, then continuing sessions would be recommended. If you feel you are no longer benefitting from counseling, you may stop attending our sessions any time. If you feel that transferring to a different counselor or obtaining other resources would be helpful, please don't hesitate to discuss these changes with me.

The counselor-client relationship is personal, but it is critical that we implement strict professional boundaries to create a safe professional relationship. Our time together will be limited to the scheduled sessions within this office.

**Areas of Focus:** I focus on clients who are ages 8 to 99 and their families.

**Fees and Office Procedures:** The fee for services ranges from \$50 to \$100 per sixty (60) minute session depending on the type of service. Payment for services is due at the beginning of each session and must be paid in the form of cash, check, or credit card. Fees should be paid directly to Hope & Healing Counseling. Payment is not accepted from insurance companies. As a PLPC, I may not accept payment for services directly.

Next appointments are scheduled at the end of each session. Appointments may be scheduled, rescheduled, or cancelled with the receptionist from 8:00am-5:00pm Monday through Friday. 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 approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I work with clients in a variety of formats, including individually, as couples and as families. Clients can expect to do homework and practice new skills outside of counseling sessions. I provide therapy for individuals, groups, couples, and families without regard to gender, religious belief, financial status, life circumstances, or race. I work with clients from 8 years old and above.

Code of Conduct: As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC 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. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: Material revealed in all counseling sessions will remain strictly confidential except for material shared under the following circumstances, in accordance with State law: The client signs a written release of information indicating informed consent of such release. The client expresses intent to harm themselves or someone else. There is reasonable suspicion of abuse or neglect against a minor child, elderly person (60 or older), or dependent adult. A court order is received directing the disclosure of information.

In the event of marriage, couple, or family counseling, material obtained from an adult or client individually may be shared with the client's spouse/partner or other family members only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

As a PLPC, I may be required to audio or videotape our sessions. These will only be shared with my LPC Board-Approved Supervisor or other PLPCs and may only be used for the purpose of supervision towards licensure.

In order to be an ethically responsible PLPC, it is important for me to consult with other professionals from time to time. As such, it is my practice to meet with a "peer consultation" group. This practice is encouraged by my Code of Conduct. No identifying information is given during peer consultations.

Privileged Communication: It is my policy to maintain privileged communication on behalf of my client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will work towards quick communication with the client in the event of mandated disclosures as conceivable.

Emergency Situations: If the receptionist is unavailable to answer calls, the client may choose to leave a message which I will return as soon as possible. In an emergency situation when an immediate response is needed, you may call (Brentwood Crisis Hotline) at 318- 678-7500. The client may also seek help through the nearest hospital or by calling 911.

Client Responsibilities: The client has a large responsibility within the counseling process to be open and honest with their suggestions and feedback. If there is anything that you feel needs adjusting, please let me know how I can better assist you throughout this process. If you are currently working with another mental health professional, I ask that you please inform me and provide me with permission to share information with this professional so that we can all work together to better assist you.

Physical Health: The mind and body are interconnected. Please provide me with a list of any medications that you are currently taking, or any current medical issues. If you have not seen a doctor within the past year, it is recommended that you schedule a physical examination prior to our first session.

Potential Counseling Risk: There are potential risks involved in the counseling process such as issues that arise in which the client was not previously aware. If this occurs, please feel free to disclose this information as it is a crucial part of the counseling process.

I have read the Declaration of Practices and Procedures of Lauren Wagnon, M.A., PLPC and my signature below indicates my full informed consent to services provided by Lauren Wagnon, M.A., PLPC. I am aware that Mrs. Wagnon may share information with Dr. Chauvin, LPC-S, LMFT and other PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Lauren Wagnon, M.A., PLPC may be audio or videotaped for the purpose of supervision.

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

Lauren Wagnon \_\_\_\_\_ Date \_\_\_\_\_

For Minor clients, parents/guardians will need to complete the following:

I, \_\_\_\_\_, give permission for Lauren Wagnon to conduct counseling with (client name) \_\_\_\_\_, my (relationship) \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_