

# Declaration of Practices and Procedures

**Sally S. Creed, LPC-S, RPT**

Licensed Professional Counselor - Supervisor  
Registered Play Therapist

**117 Heymann Blvd., Suite 5**

**Lafayette, LA 70503**

**(337) 806-3690**

**IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below:**

Qualifications: I earned a Master of Arts in Psychology from Houston Baptist University in 1989. I am licensed as a Licensed Professional Counselor Supervisor with the Louisiana LPC Board of Examiners (License #5636), 8631 Summa Avenue, Baton Rouge, LA 70809. Additionally, I have been a Registered Play Therapist Supervisor from 2000-2024.

Counseling Relationship: The counseling process is one where you (the client) and I (the counselor) develop an understanding and trust of each other, where we work together as a team to explore and define problematic situations in your life, where we define realistic and achievable goals to help you work through these problems, and where we work together in a systematic fashion toward achieving those goals.

Areas of Expertise: I specialize in working with children as young as two years old in Play Therapy, as well as with children of all ages. I also specialize in working with adults in individual, marriage, and family therapy.

Fees and Office Procedures: The fee for services is \$125.00 per session. The client is directly responsible for payment, including co-pays with insurance companies. **Payment is to be made to Sally S. Creed at time of service**, unless other prior arrangements have been made. Payment schedules for an accrued balance may be negotiated by the client and Mrs. Creed. Sally accepts only Blue Cross Blue Shield insurance at this time. **In the cases that are high-conflict divorce and I am the counselor on record, insurance companies cannot be billed for these visits and the cost per session is \$150/hour.**

Sessions are approximately 50 minutes, unless otherwise arranged with Mrs. Creed. Play Therapy sessions range from 30-45 minutes. Your session time is for you and is taken seriously. Except for emergencies, cancellations must be made within 24 hours of the appointment to avoid charge.

Appointments are typically set at the close of each counseling session, but can also be scheduled by contacting Sally Creed at 337-806-3690. There are morning, afternoon, and some weekend appointments available.

Services Offered and Clients Served: I approach counseling from a cognitive-behavioral perspective and I believe that our thoughts are what cause our feelings and behaviors. By changing the way we think, we can change our feelings and behaviors even if our situations do not change. I work with clients in a variety of formats, including individual, group, couple, and family therapy. I use a Person Centered approach in Play Therapy where children enter into a dynamic relationship with the therapist that enables them to express, explore and make sense of their difficult and painful experiences. My approach to Play Therapy is non-directive.

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. Counseling is beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for counseling.

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 medication(s) and vitamins/herbs that you are currently taking.

Client Responsibilities: The client is held responsible for his/her feelings and behavior while focusing on the "problem" rather than the symptoms. Homework may be assigned and the client will be expected to complete it as a means of achieving his or her goals. Various family members may be requested to attend counseling sessions. No therapist or counselor can ethically guarantee achievement of goals, and the client is encouraged to ask questions about the process during the course of therapy. You or I have the right to end therapy at any time. If I 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.

Code of Conduct: As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request.

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 requesting 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 endeavor to apprise clients of all mandated disclosures as conceivable.

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.

Duty to Warn: If my therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

NAME: \_\_\_\_\_, PHONE: \_\_\_\_\_

Incapacity or Death: I understand that, in the event of the death or incapacitation of the undersigned therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

Emergency Situations: During normal office hours, I can be reached at the number listed above. If for any reason, I am unavailable, clients will be directed to an emergency on-call center to deal with urgent or emergency situations in my behalf. You may also seek help through hospital emergency facilities (Lafayette General Hospital Emergency Room: 337-289-7183), or by calling 911.

Report of Violations: Any violation to the Licensed Professional Counselor Act should be reported to:

State of Louisiana  
Licensed Professional Counselors Board of Examiners  
8631 Summa Avenue, Suite A  
Baton Rouge, LA 70809

Audiotaping or Videotaping during counseling sessions is strictly prohibited without the written consent of Sally S. Creed.

Teletherapy Services - On March 25, 26 & 27, 2020, I participated in a live 9-hour required certification course via Zoom entitled TeleMental Health Training, hosted by the Telehealth Certification Institute, LLC and taught by Raymond Barrett, LPC, LMHC. This certification course meets the current Louisiana state requirements, promulgated in accordance with R.S. 37:1101-1123 and promulgated by the Department of Health, Licensed Professional Counselors Board of Examiners, LR 45:438 (March 2019).

Teletherapy will be performed through Zoom. A link to enable you to connect to this video will be emailed to you between 5-10 minutes prior to your scheduled appointments. Information from teletherapy sessions will be completed in a secure electronic health record in compliance with HIPAA rules and regulations. Paper records will be kept for up to 6 years. 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. Electronic signatures and dates may be used in the documentation of the informed consent.

The signature below confirms that the information has been read and discussed with Mrs. Creed, and that I, the undersigned, accept the Declaration of Practices and Procedures of Sally S. Creed, LPC-S, listed above. I hereby give fully informed consent to Mrs. Creed to enter into a counseling (also known as psychotherapy) relationship with me.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sally S. Creed, LPC

\_\_\_\_\_  
Date