

Gina LaRose Tedesco, LPC, LMFT
Gina LaRose, LPC, LLC.
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(985) 265-7210

Declaration of Practices and Procedures

Qualifications: I am a Licensed Professional Counselor #4901 and Licensed Marriage and Family Therapist MFT#1192 with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, (225) 765-2515. In addition to being licensed in Louisiana, I hold a national certification as a Nationally Certified Counselor (NCC# 266122). I earned a Master of Arts degree in Marriage and Family Counseling from Our Lady of Holy Cross College. My academic and professional training has prepared me to work with children, adolescents, adults, couples, families, and groups.

Clients Served: Primarily, I work with individuals, couples, families, and groups. I work with adolescents and adults, ranging in age from 10 to 65+.

Areas of Focus: I work with clients dealing with interpersonal issues, academic and behavioral issues, life transitions, problems with the legal system, childhood and parenting issues, marital/relationship difficulties, and difficulty managing psychosocial stressors. In addition, I am trained by the Center for Mind-Body Medicine to facilitate Mind-Body groups as well as Duluth model trained to facilitate domestic violence perpetrator groups with adult males.

What Clients Can Expect from Therapy: I view counseling as a collaborative process in which you, the client, and I, the counselor, will work together to achieve your therapeutic goals. I operate from a systems perspective, meaning I view the family as a single unit and assist clients in examining patterns which habituate faulty interactions between one another. Some techniques I may use include modeling effective communication skills, implementation of mindfulness techniques, and the use of homework.

I will facilitate an atmosphere of unconditional acceptance, trust, and warmth in which we will examine any current thought processes and behavior patterns, which may be troubling you. During this process we will explore your needs and concerns, assess what is keeping you from reaching your personal potential, and collaboratively develop steps to assist you in attaining your goals.

Although we will explore the past, I will continue to emphasize the importance of your current choices, circumstances, and behaviors in the present. I will not attempt to change you, nor will I make decisions for you, as my code of ethics does not allow this. For example, decisions regarding whether to marry, divorce, reconcile, and how to arrange child custody and visitation

will be made by you, the client. However, I can help you examine the potential choices and consequences surrounding such decisions.

Client Responsibilities: As a client, your responsibilities include: Setting and keeping scheduled appointments, paying your fees for services at the time of each session, and helping to actively plan and pursue your therapeutic goals. You must notify me at least 24 hours in advance if it is necessary to cancel an appointment. As this is your reserved time, failure to do so will result in your being billed for the missed session. Please see cancellation policy for more details.

If you feel you would be better served by another mental health professional, I will assist you in the referral process. If you are currently receiving services from another counselor or if you choose to do so during the course of our therapeutic relationship, 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.

It is the client's responsibility to update me of any changes to insurance, including but not limited to change of insurance provider, plan, deductible, etc. In the event that insurance does not cover the total or partial cost of the session, client is responsible for covering the amount deemed patient responsibility by their insurance company.

If payment is not made to Therapist within two weeks of services being rendered, Therapist has the right to charge the card on file for the unpaid balance.

Lastly, you are responsible for updating me on any medications and changes to medications you are taking, and to have a physical if you have not had one in the last year.

Fees and Office Procedures: The fee for services is \$108 for individual intakes, \$120 for couples intakes, \$98 for 50-minute individual sessions, and \$110 for couples/family sessions (extended appointment times are available by request) and paid directly to Gina LaRose, LPC, LLC, unless noted otherwise. Payment for services is due at the beginning of each session. I also accept Blue Cross Blue Shield HMO and PPO insurance.

Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available Monday through Friday.

Code of Conduct: As a Licensed Professional Counselor and Licensed Marriage and Family Therapist, I am required by law to adhere to these Codes of Conduct for practice that have been adopted by my licensing boards. Copies of these codes are available to you upon request.

Emergencies: Contact will be limited to counseling sessions, except in the event of an emergency in which you may contact me at (985) 265-7210, and I will return your call as soon as possible. If you are in crisis after hours, please call the local 24-hour crisis hotline at (504) 523-2673, dial 911, or go to your nearest emergency room.

Privileged Communication: While information shared in session is generally confidential, there are some exceptions in this area, including: a) I determine you are a danger to yourself or others; b) you disclose abuse of a child, elderly, or disabled person; c) you give me written consent to release information; d) I am otherwise required by law to release information.

When working with couples and families, I cannot disclose information outside of the treatment context without written authorization from all parties competent to sign such authorization. In addition, as a Licensed Marriage and Family Therapist, I am not allowed to reveal individual's confidences to others in the client unit without a written authorization from that individual. Any client may refuse to sign such a waiver, but it should be noted that maintaining confidentiality in individual sessions, as part of couples or family counseling, could impede the progress of, if not actively hamper, the positive outcome of counseling. I do routinely consult with other licensed colleagues regarding cases. In the event that I consult on your case, all identifying information will be excluded to protect your confidentiality.

Risks of Therapy: At times, through the counseling process, additional issues may arise which were not previously considered prior to beginning counseling. For instance, marriage and family counseling can often result in a shift or complete change in the relationship dynamics, which can cause strain if all parties are not willing to work collectively on the relationship(s). If you have concerns about the risks of counseling at any time during the course of treatment, I encourage you to discuss these with me.

By signing below you are indicating that you have read the Declaration of Practices and Procedures, that any questions were answered to our satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this declaration and acknowledge my commitment to conform to its specifications.

Client's/Guardian's Signature _____ Date _____

Client's/Guardian's Signature _____ Date _____

Counselor's Signature _____ Date _____