



DECLARATION OF PRACTICES AND PROCEDURES

GABRIELLE NATA, PH.D., PLPC • PLPC #PLC9648

QUALIFICATIONS

I earned a Master of Arts degree in Marriage, Couple, and Family Counseling from the University of Holy Cross in May 2023 and a Doctor of Philosophy in Counselor Education and Supervision from the University of Holy Cross in May 2026. I am a Provisional Licensed Professional Counselor (PLPC), #PLC9648, regulated by the Louisiana Licensed Professional Counselors Board of Examiners, 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816, 225-295-8444.

The Louisiana LPC Board of Examiners has approved Christina Billiot, MEd, LPC-S, NCC, 3350 Ridgelake Drive, Metairie, LA 70002, 504-608-3453, as my Board-Approved Supervisor. Christina Billiot is a Louisiana Licensed Professional Counselor and Board-Approved Supervisor. She provides the supervision required while I complete the supervised experience necessary for independent LPC licensure.

COUNSELING RELATIONSHIP

I see counseling as a collaborative process in which you, the client, and I work together to explore and define current concerns, develop goals, and work therapeutically toward achieving those goals.

Although counseling is an extremely vulnerable and personal experience, it is important to recognize that our relationship is professional rather than personal. Our time together will be limited to scheduled sessions. As your counselor, my role is to assist you in working toward your goals while promoting your independence.

AREAS OF FOCUS

I work with individuals, couples, and families addressing relational problems, couple and marital distress, family conflict, communication difficulties, concerns related to sex and intimacy, stress, family dysfunction, parent-child relationships, depression, anxiety, and life transitions.

FEES AND OFFICE PROCEDURES

The fee for services is \$180 per 50-minute session or \$270 per 80-minute session and is paid directly to Dr. Matt Morris & Associates. Payment is due at the close of each session. Payment is not accepted from insurance companies. As a PLPC, I may not accept payment for services directly.

Follow-up appointments are typically scheduled at the end of each session. Appointments may be scheduled, rescheduled, or canceled with me by email, through our scheduling system, or by phone. Please leave a voicemail when necessary that includes the time and date of the appointment being canceled. Appointments canceled with less than 24 hours' notice may result in a charge for the time reserved.

SERVICES OFFERED AND CLIENTS SERVED

My approach is rooted in a client-centered and systemic framework. I believe meaningful change occurs within a safe, collaborative therapeutic relationship where clients can explore their experiences with honesty, curiosity, and self-compassion. I encourage clients to ask questions, advocate for their needs, and engage openly in the therapeutic process as we work together toward their goals.

My work is informed by Emotionally Focused Therapy (EFT), attachment theory, experiential approaches, and systems perspectives. Together, we explore the emotional, relational, and systemic influences that shape current challenges while building on existing strengths and resources. Depending on each client's goals and needs, I may also incorporate psychoeducation, skill-building, and practical problem-solving strategies to support meaningful and sustainable change.

I work with couples, families, and individual clients from diverse backgrounds. For individual counseling, I see clients ages 17 and older.

CODE OF CONDUCT

As a PLPC, I am required by law to adhere to the Code of Conduct adopted by the Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available upon request. You may contact the Louisiana LPC Board of Examiners if you wish to file a disciplinary complaint regarding my practice as a PLPC.

CONFIDENTIALITY

Material revealed in counseling will remain confidential except for material shared with my Board-Approved Supervisor and under the following circumstances, in accordance with state law:

1. The client signs a written release of information indicating informed consent to the release.
2. The client expresses intent to harm themselves or someone else.
3. There is reasonable suspicion of abuse or neglect of a minor child, elderly person age 60 or older, or dependent adult.

4. A court order directs the disclosure of information.

In couple or family counseling, material obtained from an adult client individually may be shared with the client's partner or other family members with the client's written permission. Material obtained from a minor client may be shared with the client's parent or guardian.

PRIVILEGED COMMUNICATION

It is my policy to assert privileged communication on behalf of the client and, whenever reasonably possible, to consult with the client before a mandated disclosure, except during an emergency. I will endeavor to inform clients of all mandated disclosures whenever reasonably possible.

EMERGENCY SITUATIONS

Counseling services through this practice do not include 24-hour crisis coverage. Messages left outside regular business hours may not be reviewed or returned immediately. If you are experiencing a mental health emergency or require an immediate response, call or text 988, visit 988lifeline.org, call 911, or go to the nearest hospital emergency department.

CLIENT RESPONSIBILITIES

You, the client, are a full partner in counseling. Your honesty and effort are essential to success. As we work together, I expect you to share any suggestions or concerns about counseling so that we can make necessary adjustments. If I determine that you would be better served by another mental health provider, I will assist with the referral process. If you currently receive services from another mental health professional, I expect you to inform me and authorize appropriate coordination of services when needed.

PHYSICAL HEALTH

Physical health can be an important factor in emotional well-being. If you have not had a physical examination within the last year, it is recommended that you do so. Please also provide me with a list of any medications you are currently taking.

POTENTIAL COUNSELING RISKS

Counseling poses potential risks. In the course of our work together, additional concerns may surface of which you were not initially aware. If this occurs, please share these concerns with me so that we can address them together.

STATEMENT OF CLIENT UNDERSTANDING

I have read, understand, and agree to the conditions set forth in the Declaration of Practices and Procedures of Gabrielle Nata, Ph.D., PLPC, and my signature below indicates my informed consent to services provided by Gabrielle Nata, Ph.D., PLPC. I understand that Gabrielle Nata may discuss relevant clinical information with Christina Billiot, MEd, LPC-S, NCC, her Board-Approved Licensure Supervisor; Matt Morris, Ph.D., LPC, LMFT, her Administrative Supervisor; and participants in authorized individual or group supervision. Information will be disclosed only as reasonably necessary for clinical consultation, professional supervision, and fulfillment of licensure requirements.

Client 1 Printed Name	Client 1 Signature	Date
Client 2 Printed Name	Client 2 Signature	Date
Client 3 Printed Name	Client 3 Signature	Date
Client 4 Printed Name	Client 4 Signature	Date
		9/21/2026
Gabrielle Nata, Ph.D., PLPC		Date
Christina Billiot, MEd, LPC-S, NCC		Date

PARENT/GUARDIAN CONSENT FOR TREATMENT OF A MINOR

Complete this page only when the client is under 18 years of age.

I give permission for Gabrielle Nata, Ph.D., PLPC, to provide counseling services to the minor client identified below. By signing below, I acknowledge that I have read, understand, and agree this Declaration of Practices and Procedures and consent to treatment on the minor client's behalf.

Printed Name of Parent or Legal Guardian

Minor Client Name(s)

Relationship to Minor

Signature of Parent or Legal Guardian

Date