**DECLARATION OF PRACTICES AND PROCEDURES**

**Adrienne Naquin-Bolton, LPC-S, NCC**

**Nouvelle Vie Counseling, LLC**

**504 Cherry Street**

**Thibodaux, LA 70301**

**(985) 859-7097**

**Qualifications**: I earned a M.Ed. degree from the University of New Orleans in December 2008. I am a Licensed Professional Counselor-Supervisor (LPC-S # 4385) registered with the LPC Board of Examiners which is located at 8631 Summa Avenue, Baton Rouge, LA 70809 (Phone: 225-765-2515). I am a Board Approved Supervisor or Provisional Licensed Professional Counselors (PLPCs). In addition, I am certified as a National Certified Counselor (NCC# 247428).

**Counseling Relationship**: I see counseling as a process in which you and I develop mutual trust and respect in order to foster open dialogue. It is through this open communication that we can work together to explore and define present problem situations, develop future goals for an improved life and work in systematic fashion toward realizing those goals. As your counselor, I will provide a safe environment for you to complete this work.

**Areas of Focus**: My educational background and training has prepared me to work with children, adolescents, adults, families, couples, and groups. I have experience working with clients recovering from sexual assault, domestic violence, and pregnancy loss. If your issues are in an area I do not feel properly qualified to treat, I will discuss this with you and attempt to refer you to a professional better qualified to work with you.

**Office Procedures & Fee Scales**: Clients are seen by appointment only. Appointments can be made by calling the number above. If you are unable to keep a scheduled appointment, please make all attempts to notify me in advance. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a $75 cancellation fee. A response to any voicemails will be made within 24 hours.

The fee for counseling services is $100 per 50-minute session. The initial clinical intake is $115. A sliding scale fee will be considered on a case-by-case basis. Payment for services is due at the close of each session. In the event that you suspend or terminate counseling, any outstanding balance will be immediately due and payable. Previously arranged pro-bono services are offered free of charge.

You are responsible for any fees not covered by insurance. It is your responsibility to know the coverage of counseling services before your initial session and understand that you will be held responsible for the determined amount. I will not contact insurance companies on your behalf unless it is a coding error or diagnosis code error on my part. Insurance claims will be submitted to insurance companies that I am in network with. For all out-of-network sessions, you are responsible for full payment at the time of service. You will be provided with a Payment Statement to file with your insurance company.

You will be required to place a qualified card (debit, credit, HSA) on file at your first session. Your card information will be held in your paper file in a locked file room. This card will not be charged fees at the time of service. You will receive a statement for any unpaid fees after 30 days. If you do not pay these fees, your card will be charged at 60 days where you will then be provided an invoice.

If any payments made are insufficient, you will be responsible for charges incurred by Nouvelle Vie Counseling, LLC, and an additional $20.

**Services Offered and Clients Served**: I work with clients in a variety of formats, including individual, family, and group counseling. I operate from a Person-Centered approach in which empowerment and independence are central beliefs. As a result, I view counseling as a shared journey where empowerment fosters an internal locus of control so that decisions can be made by you, the client. You have the right to end our counseling relationship at any point. I will be supportive of that decision and provide referrals to other qualified professionals if you wish to continue counseling with someone else.

**Code of Conduct**: As a Licensed Professional Counselor, I am required by law to adhere to the Louisiana Code of Conduct for Licensed Professional Counselors. A copy of this Code of Conduct is available to you upon request. If for any reason you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, you may report your complaints to the Louisiana State Board of Professional Counselors, 8631 Summa Avenue, Baton Rouge, LA 70809, (225) 765-2515.

**Confidentiality:** Communication in counseling will remain strictly confidential except for 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult, or 4) A court order is received directing the disclosure of information.

**Colleague Consultation:** In keeping with generally accepted standards of practice, I frequently consult with other Licensed Professional Counselors and mental health professionals regarding the management of cases. The purpose of the consultation is to assure quality care while maintaining client confidentiality.

**Privileged Communication**: 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 family counseling, material obtained from an adult client individually may be shared with the client’s spouse or other family member only with the client’s written permission. Any information obtained from a minor client may be shared with that client’s parent or guardian.

**Emergency Situations**: When I am unable to answer calls, you may leave a message and I will return your call within 24 hours. If an emergency situation should arise, you may seek help through hospital emergency room facilities (Thibodaux Regional Medical Center ER – 985-493-4727) or by calling 911.

There may be an emergency that prevents me from attending our sessions. If this should occur, you will be contacted and informed of the situation.

**Client Responsibilities**: You are a full partner in counseling. Your honesty and effort is essential to success. If as we work together you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. It is your responsibility to inform me if you are currently receiving services from another mental health professional. With your permission, I may contact the other therapist and develop a collaborative professional relationship in an effort to coordinate our services to you.

**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 and to list any medications that you are now taking.

**Potential Counseling Risk**: In the course of working together additional problems may surface of which you were not initially aware. If this occurs, please feel free to share the new concerns with me. Additionally, due to the issues and emotions that are brought up in therapy, clients sometimes may begin to feel worse as therapy progresses. Should this happen, please address this with me and know that it may take time to feel better.

**Electronic Communications:** Counseling will not be provided via e-mail or text. Electronic communications via e-mail or text will be utilized for appointment scheduling an appointment changes ONLY.

**Special Circumstances:** In the event of counselor absence, whether by retirement or death, Stacey Guidry, LPC-S, will have access to client files and permission for communication. Her contact number is 985-226-5677.

**Statement of Client Understanding**: I have read and understand the above information contained in the Declaration of Practices and Procedures of Adrienne Naquin-Bolton, LPC-S, NCC. My signature below indicates my full informed consent to services provided by Adrienne Naquin-Bolton, LPC-S, NCC.

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**Client Signature**

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**Adrienne Naquin-Bolton, LPC-S, NCC**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent or guardian), give permission for

Adrienne Naquin-Bolton, LPC-S to conduct counseling with my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(relationship)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(name of minor)

**Card Information**

**Card:** Debit Credit HSA **Type:** Visa MasterCard American Express Discover

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