

Declarations of Practices and Procedures

Shantele H. LeDoux, M.Ed, NCC, LPC
Licensed Professional Counselor
117 Heymann Blvd., Suite 20
Lafayette, LA 70503
337-806-0304

Qualifications: I earned a Masters of Education degree in Community Counseling from Southeastern Louisiana University in 2008. I am licensed as a Licensed Professional Counselor with the Louisiana LPC Board of Examiners (License #6958), 8631 Summa Avenue, Baton Rouge, LA 70809. I also hold a national certification as a National Certified Counselor (NCC#245437).

Counseling Relationship: I see counseling as a process in which you the client, and I, the Counselor having come to understand and trust one another, work as a team to explore and define present problem stations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

Areas of Focus: I focus on working with adolescents, adults, couples and families.

Fees and Office Procedures: The fee for initial assessment is \$115.00 and \$100 for each 50-minute session. Payments may be made by check, cash, or credit card. I am a provider for BlueCross/Blue Shield, UMR, UnitedHealth, and TriCare West. The client is directly responsible for payment, including transactions with insurance companies and you are responsible for payment of all charges incurred if your insurance provider does not pay for these charges. Payment is to be made to Shantele H. LeDoux at the time of service, unless other prior arrangements have been made. Payment schedules for an accrued balance may be negotiated by the client and Mrs. LeDoux. **Clients will be charged \$50 for appointments that are have been scheduled and not cancelled within at least a 24-hour notice.** Fees for letters requested by the client are based on my time: \$9 for 5 minutes, \$18 for 10 minutes, and so on.

Sessions are approximately 50 minutes, unless otherwise arranged with Mrs. LeDoux. Session time is for you and is taken seriously. Cancellations must be made within 24 hours of the appointment to avoid charge, except for emergencies. Appointments are typically set at the close of each session, but can also be made by contacting Shantele H. LeDoux at 337-806-0304. I have appointments available from 7:00am-5:30pm, Monday through Friday.

Services Offered and Clients Served: I approach counseling drawing from various evidenced based practices, such as cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions, persons centered therapy, solution focused therapy, psychodynamic and emotion focused therapy. Other techniques and strategies are used based on client needs. I work with clients individually, as couples and as families

Code of Conduct: As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC 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. I also must follow codes of ethics for the National Board of Certified Counselors.

Privileged Communication: Material revealed in counseling will remain strictly confidential except for material shared 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 directing the disclosure of information.
5. For billing purposes such as; diagnosis and other information required by your insurance company.
6. All work is completed in a secure electronic health record in compliance with HIPPA 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.

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 even 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.

Client Responsibilities: You, the client, are a full partner in counseling and are responsible for setting, keeping and cancelling appointments, paying fees at the time of service and planning/following through with set goals. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. The client is held responsible for his/her feelings and behaviors 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/her goals. Various family members may be requested to attend counseling sessions, but only with permission from the client. 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.

Emergency Situations: During normal business 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.

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 medications that you are currently taking.

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. During the counseling process, you will have discussions about personal issues which may bring uncomfortable emotions to the surface, however, the benefits of counseling can profoundly outweigh the distress felt from the process. Some benefits of counseling include improved relationship with others, increased insight within yourself, and overall reduced emotional distress.

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

The signature below confirms that the information has been read and discussed with Mrs. LeDoux, and that I, the undersigned, accept the Declaration of Practices and Procedures of

Shantele H. LeDoux, LPC, listed above. I hereby give fully informed consent to Mrs. LeDoux to enter into a counseling (also known as psychotherapy) relationship with me.

Client Signature

Date of Birth

Date

Shantele H. LeDoux, M.Ed., LPC

Date

(LPCs seeing minor clients must provide a parental authorization section. See example below)

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Shantele H. LeDoux, M.Ed.,
LPC to _____ (Name of parent or legal guardian)

conduct therapy with my _____, _____.
(Relationship) (Name of minor)

Signature of Parent or Legal Guardian Date