Declaration of Practices and Procedures

Krista Bergeron, M.A., PLPC, NCC

Nicholls State University Counseling Center

906 East 1st St.

Thibodaux, LA 70301

(985) 448-4080

**Qualifications:**  I earned a Master of Arts degree in Clinical Mental Health Counseling in 2015 from Nicholls State University.  I am a Provisional Licensed Professional Counselor (PLPC) #PLC 6648 and hold a provisional license with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809 (225-765-2515). The Louisiana LPC Board of Examiners has approved my LPC Board-Approved Supervisor as I work toward licensure. Adrienne Naquin Bolton is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana. My supervisor is Adrienne Naquin Bolton, LPC-S, NCC, 906 East 1st St., Thibodaux, LA 70301, (985) 448-4091.

**Counseling Relationship:**   My goal is to establish a safe and trusting environment to work in with my client(s), to share mutual respect and support you as you work to discover and understand your emotions, thoughts, and experiences as well as develop and move within the counseling relationship.  Our time will be limited to scheduled sessions with the intentions of focusing on your concerns.

**Areas of Focus:**   I focus on clients within the college population and the mental health issues related to individuals but not limited to depression, anxiety, relationship and family of origin issues, and high risk behavior. If issues arise that I do not feel qualified to treat, I will communicate this to you and my supervisor. I will refer you to a qualified professional who could better meet your needs.

**Fees and Office Procedures:**  The counseling services are free for all enrolled students, faculty, and staff at Nicholls State University. If you are unable to keep a scheduled appointment, please notify the University Counseling Center in advance. It is the University Counseling Center’s policy that clients who fail to keep two appointments without calling in advance to cancel will be terminated for the remainder of the semester in which the missed appointments occurred. The counseling sessions will be approximately 50 minutes in length.

**Services Offered and Clients Served:**In a supervised practice, my approach to counseling is from a multi-dimensional perspective. I use a variety of approaches to meet the uniqueness of my clients and their needs. I work with NSU students of all ages and backgrounds with all types of needs. I work with clients in a variety of formats, including individual, couples, and groups.

**Code of Conduct:**   As a Provisional Licensed Professional Counselor (PLPC), I adhere to the Louisiana State Code of Conduct for Provisional Licensed Professional Counselors as required by state law that has been adopted by the Louisiana LPC Board of Examiners.  A copy of it is here and is available for you to read upon request.

**Confidentiality:**  Communication in counseling sessions will remain confidential with the exception sharing with my supervisor and in accordance with Louisiana state law:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm self or someone else.
3. There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent child.
4. A court order is received directing the disclosure of information.

**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.  With marriage and family counseling, communication 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 client’s parent or guardian.

**Emergency Situations:**  I can be reached at the University Counseling Center at 985-448-4080 during the hours of 8:00-4:30 M-F. After hours, you may contact University Police at 985-448-4911. In the event of an emergency, seek help through a hospital emergency room (Thibodaux Regional Medical Center 985-493-4746) or dial 911.

**Client Responsibilities:**  To achieve the most of out of our arrangement, I consider honest intentions important as we work together.  I encourage you to communicate your concerns or suggestions about your counseling so that changes can be made.  Clients are required to notify me of a current ongoing counseling relationship with another therapist.  With your permission, I may contact the other therapist and develop a collaborative professional relationship.  The client informs me how to deal with sharing information and coordinating services.  If the client decides he wants services from another professional, I will help you with the referral process.

**Physical Health:**  Physical health is considered an important part in the overall welfare of an individual.  If you have not had a physical examination in the last year, it is recommended that you do so.  Prepare a list of all prescribed or over the counter medications as well as herbal supplements that you are currently taking.

**Potential Counseling Risk:**  Through our work together, you should be aware additional issues may surface of which the client was not initially aware of.  Also, a possible risk with family counseling is as one begins to change a strain may present on other relationships within the family especially if others involved refuse to work.  If this occurs, feel free to discuss any new concerns you may have with me.

**Acknowledgement of Reading Practices of Practices and Procedures**

I have read and understand the Declaration of Practices and Procedures of Krista Bergeron, PLPC, NCC and my signature below indicates my full informed consent to services provided by Krista Bergeron.  I am aware that Krista Bergeron may share information with Adrienne Naquin Bolton, LPC-S for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes.

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Client Signature Date

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Krista Bergeron, M.A., PLPC, NCC   Date

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Adrienne Naquin Bolton, LPC-Supervisor Date

**Parent/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for Krista Bergeron, M.A., PLPC, NCC to

conduct therapy with my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

                                 (Relationship)                      (Name of minor)

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Parent/Guardian’s Signature Date