

## **Declaration of Practices and Procedures**

**Yvanna Pogue, M.A. PLPC, NCC**  
Nicholls State University Counseling Center  
906 East 1<sup>st</sup> St.  
Thibodaux, LA 70301  
(985) 448-4080

**Qualifications:** In December of 2018 I earned a MA degree in Clinical Mental Health Counseling from Nicholls State University. I am currently enrolled as a Doctoral Student in the Counselor Education and Supervision program at The University of New Orleans. I am a Provisional Licensed Professional Counselor #PLC 7760. I hold a provisional license with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809. The Louisiana LPC Board of Examiners has approved Amanda Elise Johns, PhD, LPC-S, NCC, DCC as my LPC Board-Approved Supervisor. Dr. Johns 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. During my supervision with Dr. Johns and my site supervisor, Adrienne Bolton, LPC-S, NCC, your case may be discussed to ensure the quality of services dedicated to you.

**Counseling Relationship:** My goal is to establish a safe setting for you to express and process thoughts, feelings, and desires. It is my expectation that both you and I provide respect for one another. As the counselor, I will further provide support, feedback and my attention during sessions. You, the client, and I will work together to formulate and explore objectives and goals.

It is important that both you and I build rapport with one another throughout our counseling relationship. Even though personal and intimate details will be discussed, you should remember that our relationship is professional. Because of the limited time that we will have together, I encourage you to make your best efforts in attending sessions and being on time.

**Areas of Focus:** My interests include working with mental health issues related to, 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. I hold a national certification as a National Certified Counselor, (NCC#1137576).

**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:**

My approach to counseling is from a person centered standpoint, in that I use reflections to increase awareness of current situations. I will work to meet you where you are; for this reason, I may often use interventions from various other theories to assist you in reaching self-actualization. I have counseled individuals of all different backgrounds and sexualities.

**Code of Conduct:** As a 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 and your family 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 you, the client, and the right to consult with you if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise you of all mandated disclosures as conceivable.

**Colleague Consultation:** While keeping generally accepted standards, I often will consult with other mental health professionals regarding the management of cases. The purpose of this consultation is to assure quality care while maintaining client confidentiality.

**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. You 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. You will inform me of how to deal with sharing information and coordinating services. If you decide you want 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. If this occurs, feel free to discuss any new concerns you may have with me.

If you have any concerns, feel free to ask any questions regarding the statements above. Please keep the first two pages of this document for your reference. The final page is a signature page that will be kept on file. Please sign the attached page to confirm that you have read and understand the above information.

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

I have read and understand the Declaration of Practices and Procedures of Yvanna Pogue, M.A., PLPC, NCC and my signature below indicates my full informed consent to services provided by Yvanna Pogue. I am aware that Yvanna Pogue may share information with Amanda Johns, LPC-S, and other PLPCs for the sole purpose of supervision toward licensure. Information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Yvanna Pogue, M.A., PLPC, NCC may be audio or videotaped for the purpose of supervision.

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Client Signature	Date
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Yvanna Pogue, M.A., PLPC, NCC	Date
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Amanda Elise Johns, LPC-Supervisor	Date
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### **Parent/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give my permission for Yvanna Pogue, M.A., PLPC, NCC to conduct therapy with my \_\_\_\_\_.  
(Relationship) (Name of minor)

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Parent/Guardian's Signature	Date
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