

## DECLARATION OF PRACTICES AND PROCEDURES

Adrienne Naquin-Bolton, LPC-S, NCC  
Nicholls State University Counseling Center  
P.O. Box 2067  
Thibodaux, LA 70310  
(985) 448-4080

**Qualifications:** I earned a Master of Education degree in Counseling 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 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816 (Phone: 225-295-8444). I am a Board Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs). In addition, I am certified as a National Certified Counselor (NCC# 247428). I am currently Director of Student Support Services at Nicholls State University.

**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 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 as well as depression, anxiety, stress, self-esteem/self-confidence, and academic concerns. 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.

**Fee Scales & Office Procedures:** The counseling services are free for all Nicholls students, faculty, and staff. Appointments can be made by calling 985-448-4080 or visiting 224 Elkins Hall. If you are unable to keep a scheduled appointment, please make all attempts to notify the University Counseling Center in advance. The Counseling Center reserves the right to charge a \$5 fee to the account of any client who is a No Show (more than 15 minutes late and has not called before the scheduled time to cancel). 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.

**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, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816 (Phone: 225-295-8444).

**Confidentiality:** Communication in counseling sessions 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 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.

**Emergency Situations:** I can generally be reached at (985) 448-4080 during the hours of 8:00-4:30 M-F. If an emergency occurs after hours, you may contact University Police at (985) 448-4911. You may also seek help through hospital emergency facilities 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.

**Teletherapy:** The University Counseling Center utilizes Doxy.me as our telehealth platform. It is secure and HIPAA compliant allowing for secure teletherapy sessions. Prior to clients engaging in teletherapy sessions, they will be emailed a Teletherapy Consent Form to review and sign. The University Counseling Center does not conduct teletherapy with clients outside of the state of Louisiana. If you have to leave the state, please notify me so we can reschedule. If you plan to be out of state for an extended period of time, we can work to find resources available in your area.

**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.

\_\_\_\_\_ Date \_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Adrienne Naquin-Bolton, LPC-S, NCC