

## **Declaration of Practices and Procedures**

**Elnora Parker Vicks, M.Ed., PLPC**  
**Nicholls State University Counseling Center**  
**P.O. Box 2067**  
**Thibodaux, LA 70310**  
**(985) 448-4080**

**Qualifications:** I earned a Master of Education degree in School Counseling from Nicholls State University in 2017. I am a Provisional Licensed Professional Counselor (#PLC 7366) and hold a provisional license with the Louisiana LPC Board of Examiners 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, Louisiana. The Louisiana LPC Board of Examiners has approved Adrienne Naquin-Bolton, LPC-S, NCC, 906 East Street, Thibodaux, LA, 70310 (985-448-4091) as my LPC Board-Approved Supervisor. Mrs. Naquin-Bolton is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC#4385), a National Certified Counselor(NCC# 247482), and is approved to supervise PLPC's obtaining supervised experience hours needed to be fully licensed as an LPC in the state of Louisiana. I am currently a Counselor & Outreach Coordinator at Nicholls State University Counseling Center.

**Counseling Relationship:** I see counseling as a process; which you and I having come to understand and trust one another, work as a team; which you will have an opportunity to explore and define present problematic situations, process feelings, discuss your thoughts and future goals for improved life and work in a systematic fashion toward reaching those goals.

The length of counseling varies from person to person and from situation to situation. As long as counseling is beneficial to you, I encourage you to continue attending sessions. However, I will inform you when it is my professional opinion that you no longer need my services.

Although counseling is an extremely personal experience, it is important to realize that our relationship is professional rather than a personal one. This means that our time together will be limited to the scheduled sessions that you have with me. It is to my belief that you will be best served if our relationship remains focused on your concerns. As your counselor, my job is to assist you in your goals while promoting independence

**Area of Focus:** My educational background and experience have prepared me to focus on both genders and various ages from various backgrounds and walks of life. I have experience working with clients with various mental disorders such as ADD, ADHD, Depression, Anxiety, PTSD, adjustment disorder, etc. along with clients who are facing various problematic situations such as divorce, relationship issues, blended families, loss and grief, suicide ideation, as well as victims of sexual traumas. 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.

**Fees and Office Procedures:** Fee Scales & Office Procedures: The counseling services are free for all NSU 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 utilize a combination of Cognitive Behavioral approaches and Reality Therapy.

Goals for therapy are determined by the client and are regularly evaluated to ensure progress is being achieved relevant to my client's needs. In that clients identify what the problem(s) in their quality world is (are) and from there, I further engage with them in becoming aware that a change can be made by the choices they make. Furthermore, bringing awareness that there are some things they don't have control over and have control over, which would be their own behavior instead of trying to change someone else's behavior.

In individual sessions, I process problematic situations, incorporate appropriate social as well as coping skills that will enhance a healthy level of functioning in my client's lifestyle. In addition, active listening, exploration, and reflection of thoughts and feelings and behavior modifications, cognitive activities, and other goal-setting techniques are implemented as counseling progresses

. Between sessions, interactive assignments or "personal work" may be a vital part of the therapeutic process. The completion of "personal work" is necessary if you wish to get the most from the therapeutic experience.

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. If at any time the problem is out of my area of expertise, I will discuss this with you and attempt to refer you to a professional better suited to address your needs.

**Code of Conduct:** As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC 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. 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 LPC Board of Examiners 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, Louisiana., Baton Rouge, LA 70816, (225) 765-2515.

**Confidentiality:** Material revealed in counseling will remain strictly confidential except for material shared with my Board Approved Supervisor and 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, an elderly person (60 or older), or a dependent adult.
4. A court order is received directing the disclosure of information.

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 from a minor client may be shared with the client's parent or guardian.

**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 members 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 are 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 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.

**Digital Communication and Technology Agreement:** 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 the Declaration of Practices and Procedures of Elnora Parker Vicks, M.Ed., PLPC and my signature below indicates my full informed consent to services provided by Elnora Parker Vicks, M.Ed., PLPC I am aware that Mrs. Vicks may share information with Adrienne Naquin-Bolton, LPC-S, NCC, and other PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Elnora Parker Vicks, M.Ed., PLPC may be audio or videotaped for the purpose of supervision. This also applies to the Teletherapy sessions.

---

Client Signature

Date

---

Elnora Parker Vicks, M.Ed., PLPC

Date

---

Adrienne Naquin-Bolton, LPC-S, NCC

Date

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

I, \_\_\_\_\_, give my permission for Elnora Parker Vicks, M.Ed., PLPC to  
conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of minor)

---

Signature of Parent or Legal Guardian

Date