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Office (337) 478-1411 • Fax (337) 562-1489

Declaration of Practices and Procedures Statement

Bruce Plauché, MA, LPC

Qualifications

I have a Master of Arts degree in Mental Health Counseling from McNeese State University. I am Licensed as a Professional Mental Health Counselor (LPC LIC#: 4537) registered with the Licensed Professional Counselors Board of Examiners in the state of Louisiana.

In the event you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809.

Areas of Focus

I work with individuals who have a mental health and/or emotional/behavioral diagnosis which interferes with functioning in several life areas. This includes but is not limited to relationship issues, mood disorders such as depression, and high risk behaviors such as substance abuse. If your issues are in the area that I do not feel qualified to treat, I will discuss this with you and refer you to a professional who is better qualified to work with you and your issues.

Counseling Relationship

The counseling session is your time to discuss your thoughts, feelings, and experiences. The counseling process is an extremely personal and challenging process in which you, the client, and I, the counselor, work as a team to explore and define present issues, develop goals, and work towards realizing those goals. My job is to reflect, provide feedback, and support positive decisions that you decide to make.

Although counseling is an extremely personal experience, it is important to realize that our relationship is a professional rather than personal one. This means that our time will be limited to the scheduled sessions that you have with me. I believe that you will be best served if our relationship remains focused on your concerns.

The length of counseling varies from person to person and from situation to situation. As long as you are benefiting from counseling, I encourage you to continue attending sessions. During our sessions, if I believe our sessions are no longer needed, I will discuss with you termination of the counseling relationship.

Code of Conduct

I am required by law to adhere to the Code of Conduct, which is determined by the Louisiana Professional Counselors Board of Examiners. A copy of the code of conduct is available upon your request.

Confidentiality

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.

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.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without written authorization from all individuals competent to sign such authorization. For examples, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorization from both spouses.

When working with a family or couple, information shared by individuals in session where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such waivers, but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

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.

Court Related Information

Certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent.

In a court-ordered evaluation, all information that is provided during the evaluation process is privileged to all court/attorney entities involved. In addition, information pertaining to the evaluation will be used to conduct Interviews with other parties associated with the child/persons involved; therefore, the information you provide during the assessment process may be discussed with these individuals. By signing the consent for treatment, you and all

parties named understand the above statement and give your authorization for release of your information to all court parties involved, to include all counsel.

Fees, Office Procedures, and Policies for Insurance Reimbursement

Private Pay

The maximum fee for a 45-50 minute individual or family session is $150.00 for the initial session and $120.00 for each subsequent session. Payment should be made directly to New Horizons Counseling Center, LLC.

Insurance

Subject to your policy benefits. Co-payments, co-insurance, and deductibles (should they apply are due at the time of each session.

Appointments are typically set at the close of each session and a time is set aside specifically for you. Except in the case of an emergency, appointments are expected to be cancelled at least 24 hours prior to the appointment time. When the office is closed or no one is available to take your call, you may leave a message on the office voicemail. *****Failure to provide 24 hour notice will result in a $60.00 failed appointment fee.***** Arriving late does not extend the counseling hour. If you are more than 20 minutes late for an appointment and have not called to notify the office, your appointment will be cancelled and you will be charged for the session. All unpaid balances will need to be cleared before further sessions can be scheduled. ***Delinquent accounts may be turned over for collection after 90 days unless prior payment arrangements have been made.***

Consult your insurance company in advance regarding the extent of your mental health coverage. We will be happy to file insurance for you, but you will be expected to pay the co-payment in advance and pay for any missed sessions or those not covered by insurance.

NOTE

Fees for court appearance or reports written for legal purposes will not be charged to insurance companies and are the responsibility of the client. These fees must be paid prior to the reports being released.

Court Appearance

Appearance fees are billed at the court rate of $250.00 per hour with a 2- hour minimum, with a deposit of $750.00 required before the scheduled court date. If the evaluator does not appear in court and all matters have been completely settled, the deposit will be refunded, minus a $100.00 court preparation fee and any outstanding balance for appointments and requested reports. Depositions are billed at $150.00 per hour, due upon completion of interview.
As a general rule, progress notes are not released without a Judge's order. In lieu of progress notes, a written report and case summary can be provided with signed releases. Report fees are billed at a rate of $150.00 per hour.

After Hours and Emergencies

Should no one be available to take your call, please leave your name, phone number, the time you called, and a brief message on the voicemail. Your call will be returned as soon as possible.

If an emergency arises during non-business hours, call 9-1-1 go to Lake Charles Memorial Hospital in Lake Charles (337-494-3000) or a hospital near you.

Physical Health

Physical health is an important factor in the emotional well-being of an individual. I encourage you to have a complete examination if you have not had one within the last year. I would appreciate you sharing with me important medical conditions, your physician's name and all medications that you currently take or have taken. According to June 2011 legislation, certain conditions REQUIRE consultation with your physician. These include: *Schizophrenia/schizoaffective disorder, Bipolar Disorder, Panic disorder, Obsessive-compulsive disorder, Major depressive disorder, Anorexia/bulimia, Intermittent explosive disorder, Autism, Psychosis NOS (in a child under 17 years old), Rett's disorder, Tourette's disorder, Dementia*.

Potential Benefits and Risks of Therapy

1. Studies suggest that counseling involving only one spouse can lead to dissolution of the marriage instead of improving it.
2. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possible adverse responses from other people in the client's social system.
3. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship.

In signing this, I consent to counseling services for myself and/or dependent and agree to the above billing policy. I also acknowledge that I have been given a copy of Bruce Plauché's "Declaration of Practices and Procedures" which includes information regarding the counseling relationship, billing, emergency information, and limitations to confidentiality.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Signature Date (mm/dd/yyyy)

Consent for Treatment of Children and Adolescents

I/We, being the parent(s) or legal guardian(s) for _____, a minor child, consent for counseling services to be provided by **Bruce Plauche', MA, LPC** with **New Horizons Counseling Center, L.L.C.**

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Signature Date (mm/dd/yyyy)

Signature Date (mm/dd/yyyy)