

# New Horizons Counseling Center, LLC

614 Esplanade Street  
Lake Charles, LA 70607  
(337) 478-1411  
(337) 562-1489 Fax

## Declaration of Practices and Procedures

**Matthew McCauley, M.A., LPC**

**Qualifications:** I am Licensed Professional Counselor #5211 licensed with the LPC Board of Examiners, which is located at 8631 Summa Avenue, Baton Rouge, LA 70809. The phone number is (225)765-2515. I earned a Master of Arts in Psychology with a concentration in mental health counseling from McNeese State University in December 2011.

**Counseling Relationship:** The counseling relationship is characterized as a professional one rather than as a social relationship or friendship. The purpose of the relationship is to provide a safe and trusting environment in which you, the client, and I, the counselor, have come to understand and trust one another. We will also work as a team to explore and define present problematic situations, develop future goals for life enhancement, and work in a systematic fashion toward realizing those goals. Goals are agreed on by both the counselor and the client. It is important to remember that a counselor and a client have a professional relationship rather than a personal one. Because of this, contact will be limited to counseling sessions in order to maintain an appropriate relationship.

**Areas of Focus:** I see clients in individual, couple, family and groups settings for many types of emotional and behavioral problems. My current focus is on families and youth who have been involved in various crisis situations. These youth are sometimes involved with the Office of Juvenile Justice System or with the Office of Community Services. I have experience with a variety of issues such as family counseling, behavior management, life skills, crisis intervention, coping skills, interpersonal relationships, and communication skills.

**Fees and Office Procedures:** Private practice fee is \$120 per session, but fees may be adjusted based on client income. Payment is due at the time of service. Clients will be charged for appointments that are broken or canceled without 24-hour notice. Please call our office at 337-478-1411 to schedule an appointment. **Delinquent accounts may be turned over for collection after 90 days, unless prior payment arrangements have been made.**

**Services Offered and Clients Served:** My approach to counseling is integrative. This means that I may use a variety of techniques. As each individual is unique, so too is the focus of therapy. I usually begin sessions with a client-centered approach and move toward a cognitive-behavioral or reality based approach to help the client identify possible solutions to issues. I work with clients in a variety of formats, including individually, in group, and with families. I also conduct

Client Name: \_\_\_\_\_

multi-family groups. I see clients of all ages and backgrounds with the exception that I do not work individually with children under six years of age.

**Code of Conduct:** As a counselor, 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 and the address will be made available at 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.) An informed written consent is signed to release information.
- 2.) A client expresses intent to harm himself/herself or someone else.
- 3.) A reasonable suspicion exists of abuse/neglect of a minor child, elderly person (60 or older), or dependent adult.
- 4.) A court order directs the release or 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 only with the client's written permission. Any material obtained 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 my client and to consult with my 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 addition, information discussed in counseling sessions must be disclosed in child custody cases.

**Emergency Situations:** When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may call Lake Charles Memorial Hospital at 337-494-3000. You may also seek help through hospital emergency room facilities or by calling 911.

**Client Responsibilities:** You, the client, 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 progress or the nature of the counseling relationship, I expect you to share these with me so that we can make the necessary adjustments. If it develops that another mental health provider would better serve you, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may better meet your counseling needs.

**Physical Health:** Physical health is 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. As a routine part of the initial session, you will be asked the name of your doctor and to list any medication that you are currently taking.

**Potential Counseling Risk:** The client should be aware that counseling poses potential risks. As a result of mental health counseling, the client may realize he/she has additional issues, which may not have surfaced prior to counseling. Counseling leads to awareness and growth and

Client Name: \_\_\_\_\_

behavior changes may occur that were not foreseen at the beginning of counseling. Please let me know if you begin to experience any distress due to behavioral changes, insights or confusion brought about through counseling. These issues need to be addressed and our goals may need to be modified or changed. Please understand that it is not unusual for things to get worse before they get better, but we can work together to achieve the best possible therapeutic outcome.

I have read the Declaration of Practices and Procedures of Matthew M<sup>c</sup>Cauley, M.A.,LPC and my signature below indicates my fully informed consent to services provided by Matthew M<sup>c</sup>Cauley, M.A., LPC..

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

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL AUTHORIZATION:**

Authorization for Minors

I, \_\_\_\_\_, give permission to Matthew M<sup>c</sup>Cauley, M.A.,LPC,  
(name of parent or guardian)

to provide therapy for my \_\_\_\_\_,  
(relationship) \_\_\_\_\_  
(name of minor)

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date

Client Name: \_\_\_\_\_