

# Declaration of Practices and Procedures

Erica W. Matthews, M.S., PLPC  
Eastern Louisiana Baptist Association Christian Counseling Center  
9126 Comar Drive  
Walker, LA 70785  
(225) 664-9309

## **Qualifications:**

I earned my Masters of Science degree in Clinical Mental Health Counseling from Lubbock Christian University in 2018. I am a Provisional Licensed Professional Counselor (PLPC) #PLPC 7694 and hold a provisional license with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809 (225-765-2515). The Louisiana LPC Board of Examiners has approved Mary Alice Many, PhD, LPC-S, LMFT, 966 South River Road, Denham Springs, LA 70726 (225-791-1200) as my LPC Board-Approved Supervisor. Dr. Many is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC), a Licensed Marriage and Family Therapist (LMFT), and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

## **Counseling Relationship:**

I see the counseling process in which the client, and I, the PLPC will come to understand and trust one another. I will facilitate an atmosphere of warmth and trust in which you may choose to examine and change patterns or behaviours that are currently not working for you. It is the goal of the counseling relationship that you choose new behaviours and that you implement them in your life. I render services in a professional manner consistent with the accepted ethical standards of the American Counseling Association (ACA). No further promises are stated or implied.

## **Areas of Focus:**

I work with children, adolescent, and adult clients. I am available for individual, couples and marriage and family counseling.

## **Fee Scale:**

Christian counseling services are \$80 per session, but clients are able to apply for a fee on a sliding scale. Payments are due at the end of each session. Payments are accepted from most insurance companies. This fee is paid directly to Eastern Louisiana Baptist Association Christian Counseling Center. As a PLPC, I do not accept payments directly.

Appointments are set with the receptionist at the close of each session. I have morning, afternoon, and evening appointments available Monday through Friday, and some afternoons during holidays. Appointments may be scheduled, rescheduled, cancelled with the receptionist from 8:00am to 5:00pm Monday through Thursday. Please check in with the receptionist when you arrive. Sessions are for 60 minutes and if you must cancel or reschedule an appointment, please give 24 hours' notice by calling (225) 664-9309. You may leave a message on the confidential voice mail.

**Explanation of Types of Services Offered:**

I offer counseling services in individual, and/or family settings. I implement counseling techniques that are based on an eclectic approach with a primary focus on Cognitive-Behavioral, Family Systems, and Person-Centered Approaches. The principal goal is on enhancing self-awareness, communication styles, goal-setting, problem-solving, and interpersonal skills.

**Code of Conduct:**

As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC which is determined by the Louisiana Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, Louisiana 70809, (225) 765-2515. A copy of this Code of Conduct is available upon request. I must also follow all codes of ethics for the American Counseling Association (ACA) to maintain my membership requirements. If you have any questions or concerns, please feel free to discuss them with me or with my board supervisor, Dr. Mary Alice Many or my administrative supervisor, Jarrod Hegwood. If we are unable to resolve the matter to your satisfaction, you may contact the Louisiana Licensed Professional Counselors Board of Examiners.

**Privileged Communication:**

Material revealed in counseling will remain strictly confidential except for material shared with my Board-Approved Supervisor, or consulted with my onsite administrative 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, 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.

**Emergency Situations:**

In case of an emergency, please contact the office at (225) 664-9309. If I am unavailable, you may leave a message and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may call COPE at (225) 765-8900, or go to the nearest hospital's emergency room, or call 911.

**Client Responsibilities:**

You, the client are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if 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 I determine that you would be better served by another mental health provider, 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 coordinate our services to you. There is no smoking anywhere on the property.

**Physical Health:**

Your physical health is very important regarding total well-being. It is important to have a medical examination once every year. If you are taking medication, please provide me with that information, the prescribing physician’s contact information, and any previous mental health diagnoses.

**Possible Risks:**

As a result of our work together, you may become aware of more problems of which you were not initially aware. You may experience emotional discomfort in the process of making lifestyle changes. Please feel free to ask questions about our work together at any time.

I have read and understand the above Declaration of Practices and Procedures of Erica W. Matthews, M.S., PLPC and my signature below indicates my full informed consent to services provided by Erica W. Matthews, M.S., PLPC. I am aware that Ms. Matthews may share information with Mary Alice Many, PhD, LPC-S, LMFT and Jarrod Hegwood, BFA, MDIV, LPC 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 session with Erica W. Matthews, M.S., PLPC may be audio or videotaped for the purpose of supervision.

\_\_\_\_\_  
CLIENT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ERICA W MATTHEWS, M.S., PLPC

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MARY ALICE MANY, PhD, LPC-S, LMFT

\_\_\_\_\_  
DATE

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

I, \_\_\_\_\_, give my consent for Erica W. Matthews, M.S., PLPC to conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of Minor)

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE