Declaration of Practices and Procedures

Audra Tousaint, M.A, LPC

A Tousaint Counseling & Consulting, LLC

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(P) 504-270-1723 / (F) 504-324-0870

Qualifications: I received my Master of Arts degree in Mental Health Counseling from Xavier University of LA in May 2015. I am a Licensed Professional Counselor # 6529 and hold a license with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809 (225-765-2515).

Counseling Relationship: I see counseling as a process, in which you the client, and I, the LPC have an egalitarian relationship, both using equal efforts in developing and working towards a common goal of client meeting their fullest potential.

Areas of Focus: I specialize in Clinical Mental Health Counseling. I specialize in working with clients with acute mental health disorders, and/or at risk for self-harm or harm to others. I also specialize in working with children with behavioral disorders.

Fees and Office Procedures: The fee for services is $100.00 per session and paid directly to A Tousaint Counseling & Consulting LLC. I offer a sliding fee and accept insurance as payment.

Appointments are typically set at the close of each session with LPC. I have morning, afternoon, and evening appointments available Monday through Thursday. Appointments may be scheduled, rescheduled or cancelled 1 hour in advance of appointment at [atousaintcounseling.schedulista.com](http://atousaintcounseling.schedulista.com/). Please call and leave voicemail/text/email if canceling after 1 hour prior to appointment. You are still responsible for half of full session fee, if cancelling after 1 hour prior to appointment.

Services Offered and Clients Served: I counsel from an Adlerian approach, using a socially- oriented and goal-directed approach to understanding people, exploring clients’ problems and developing solutions. I counsel couples, families & offer evening group therapy sessions. I currently specialize in emotional, attachment and developmental disorders, and love working with children/adolescents and adults.

Code of Conduct: As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC 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. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners. In addition, I am obligated to follow these codes to maintain my membership in LCA and ACA, as a part of their requirements.

Confidentiality: Material revealed in counseling will remain strictly confidential except 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.
5. If insurance is method of payment, client’s information may be shared

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.

Emergency Situations: When LPC is unavailable to answer calls during/after normal office hours, you may leave a message on the answering machine and I will do my best to return your call within 48 hours. In the case of a psychiatric emergency or crisis, call Orleans Mobile Crisis at 504- 826- 2675 or Jefferson Parish Mobile Crisis at (504) 832-5123. In case of immediate emergency, please 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 encourage you to share these with me so that we can make the necessary adjustments. If we determine 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 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. Also, please provide me with a list of any medications that you are currently taking.

Potential Counseling Risk: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Audra Tousaint, M.A., LPC and my signature below indicates my full informed consent to services provided by Audra Tousaint, M.A., LPC.

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Client/Guardian Signature Date:

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Audra Tousaint, M.A., LPC Date: