



Tiffany Thibodeaux, LPC, NCC

Professional Counselor for Adults & Adolescents

## DECLARATION STATEMENT OF POLICIES AND PRACTICES

**Qualifications:** I earned a Bachelor's Degree in Psychology in May 2008 and a Master of Education degree in Counselor Education in August 2011, both from Southeastern Louisiana University located in Hammond, Louisiana. I hold a national certification as a National Certified Counselor (NCC #281903) issued by the National Board of Certified Counselors which is located at 3 Terrace Way, Greensboro, North Carolina 27403. I am a Licensed Professional Counselor (LPC #5124) registered with the Licensed Professional Counselor Board of Examiners, which is located at 8631 Summa Avenue, Baton Rouge, LA 70809.

**Counseling Relationship:** I view counseling as a collaborative process in which we work as a team to explore and define present problem situations, develop future goals, and work in a systematic fashion towards realizing those goals. The goals of therapy are established in collaboration with the client with the overall objective being the successful resolution of the problems that are deemed the most important by the client. The length of counseling varies from person to person. As long as you are benefiting from counseling, I encourage you to continue attending sessions; however, I will let you know when I no longer feel that you need therapy.

**Areas of focus:** I work with individuals of all ages with a variety of presenting issues. I have experience working with problems in adolescents, and life difficulties in adulthood that may be related to disturbances in family relationships. These issues include crisis management, grief, depression, anxiety, codependency, anger management, parenting and family relationships. I have experience in treating children and adolescents who have experienced trauma and abuse, engage in self-harming behavior, the with the LBGT population, as well as working with their families. If your issues are in an area that I do not feel qualified to treat, I will discuss this with you and attempt to refer you to a professional who is better qualified to work with you.

**Fees:** Fees are charged for therapy using the following guidelines. Individual, couples, and family therapy sessions are scheduled to last fifty (50) minutes. I appreciate your patience and understanding that from time to time sessions may run over the time allotted.

Initial Individual Therapy Session	\$150.00 (50 minutes)
Initial Couples/Family Therapy Session:	\$175.00 (50-90 minutes)
Regular Individual Therapy Session:	\$125.00 (50 minutes)
Regular Couples/Family Therapy Session:	\$100.00 (50 minutes)

Fees for service are due before each session. I am a member of several insurance networks which must be verified at the time you make an appointment. If I do not participate in your insurance company's network, you must pay for the appointment at the time of service and as a courtesy I will file the claim for you electronically and your insurance company with reimburse you directly.

Acceptable forms of payment are: cash, check, or credit card. There will be a \$35.00 charge for NSF checks. If you have a financial guarantor for your services who defaults on payment, you are ultimately responsible for the fees. In the event you do not keep a scheduled appointment, cancel with less than 24 hours' advanced notice, accrue a balance that is \$200.00 or greater and do not pay it in full within 30 days, by signing this document, you are confirming that you



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understand that your account may be turned over to a HIPAA compliant collection service and that you are responsible for all fees/costs (attorney's fees, collection agency fees, court filing costs and otherwise) incurred and connected therewith.

Please understand that an appointment time is set aside especially for you. If you are not able to keep an appointment, TWENTY FOUR (24) HOUR ADVANCED NOTICE OF CANCELLATION IS REQUIRED, and I would appreciate an earlier notice if you know you have a conflict. Unless there is a dire medical emergency, if an appointment is missed without 24-Hour notice, you will be charged at the normal fee for the missed session.

**Services Offered and Client Served:** I work with clients in a variety of formats, including individuals, families, and groups depending on the need of the client. I see clients ages 12 and older from all backgrounds. On occasion I do treat younger children on a case by case basis.

**Code of Conduct:** I am required by law to adhere to the Codes of Conduct for practice that has been adopted by the Licensed Professional Counseling Board. Additionally, I belong to several professional organizations and am required to comply with the codes of ethics for them as well. Copies of any of these codes are available upon request.

**Privileged Communication:** I am required to abide by the professional practice standards for Licensed Professional Counselors, federal HIPAA regulations, and Louisiana law. I do not disclose client confidences and information with any third party without the written consent of the client(s) with the exception of materials shared during case management, and under the following circumstances in accordance with state law: the client expresses intent to harm him/herself or someone else, there is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult, or a court order is received directing the disclosure of information.

State law mandates that I report all suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Additionally, I may consult with another counselor if I find myself having struggles with where to go with your case or if there is an ethical dilemma that arises. Please understand that your personal information will not be shared during consultation and that I will only talk about the struggle or ethical predicament without any identifying information.

During marriage, family, or group counseling, material obtained from an adult client individually may not be shared with the client's spouse or other family members unless the client gives written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

**Litigation:** It is not my practice to become involved in litigation. However, if I am subpoenaed, or must appear in court, my fees are \$750 for a half day and \$1,500 for a full day. In addition, I charge \$200 an hour for professional services including: travel time, phone and email consultations, letter compilation, records review, and communication with attorneys, law enforcement, FINS, parenting coordinators/evaluators, parents, professional consultation with colleagues/supervisors, and my own attorney. Insurance cannot be billed for this time.



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**Emergency Situations:** My regular working hours are Monday – Friday from 8:30 am – 6:30 pm. I have a 24-hour monitored voice mail so if you need to contact me after hours, you can call our main number, (225) 402-9167 and leave a message. If you are unable to contact me, call The Baton Rouge Crisis Intervention Center at 1-800-437-0303. If immediate care is needed go to the nearest emergency room or call 911.

**Client Responsibilities:** You, the client, are a full partner in counseling and your honesty and effort is essential to success. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision. 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 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 wellbeing of an individual. If you have not had a physical examination in the last year and are experiencing physical complaints, you should schedule an appointment with your primary care physician. In addition, a medical referral may be suggested if a problem of a medical nature is suspected.

**Potential Counseling Risks:** You 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 new concerns with me so that they may be addressed.



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**Acknowledgement of reading and receipt of the  
Practices of the Declaration Statement of Policies and Practices**

I have read, understand, and agree to the Declaration of Practices and Procedures of Tiffany Thibodeaux, LPC, NCC including fee structure and cancellation policy:

Client signature \_\_\_\_\_ Date \_\_\_\_\_

*If client is under the age of 18*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*Relationship of Parent/Guardian* \_\_\_\_\_