

## DECLARATION OF PRACTICES AND PROCEDURES STATEMENT

**Nicole Rabalais, MSSW, LCSW**  
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**Qualifications:** I earned a Master of Science in Social Work from the University of Texas at Austin in 2008. I am a Licensed Clinical Social Worker #11992 with the Louisiana State Board of Social Work Examiners, which is located at 18550 Highland Road, Suite B, Baton Rouge, Louisiana 70809 (Phone: 225-756-3470, Website: ([www.labswe.org](http://www.labswe.org))).

**Counseling Relationship:** The counseling relationship is a collaborative process of healing and problem-solving that is focused on the client's needs and concerns. Together, we will develop a plan together that will guide treatment. The treatment plan is a living document that will evolve as your needs change. Although our work may feel emotionally close, it is essential for you to realize that our relationship is a professional rather than personal one. Therefore, our time together will be limited to the counseling services provided each week.

**Areas of Focus:** My training has been focused on working to alleviate an individual's symptoms by addressing systemic issues that support such symptoms. Other areas of focus include mood and anxiety disorders, as well as addressing adjustment issues in times of transition. I also work with relationship concerns, mood disorders, and behavioral concerns. Should the client and I determine that the client's needs exceed my skills, I will refer the client to a professional who is more suitable to provide such services. Sessions may be conducted with individuals or couples.

**Fees and Office Procedures:** I accept insurance plans and self paying clients. All co-pays and service fees must be paid in full at the time of service. The payment can be made using cash, check, debit or credit cards (Visa, MasterCard, American Express, and Discover). The fee for counseling services will be discussed upon initial contact. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

**Services Offered and Clients (Persons) Served:** My practice stems from an ecological systems perspective, which incorporates the larger context in the understanding of an individual, couple, or family's presenting concerns. I primarily use ideas from Acceptance and Commitment Therapy and Dialectical Behavioral Therapy to emphasize psychological wellness and balance in

one's life. For relationship issues, I use ideas from Emotionally Focused Therapy for Couples in order to reaffirm attachment between individuals. Specific therapeutic goals will be developed in collaboration with the client(s) and agreed upon at the beginning of therapy. Specific goals will be reviewed periodically to determine the continued need for therapy. Techniques involved in my practice include modeling of communication, role-playing, enactment, and techniques borrowed from other models of therapy that are deemed appropriate to achieve the agreed upon goals. While many of the techniques will be employed in session, the client will frequently be asked to complete tasks between sessions to extend the influence of the therapeutic process.

**Code of Conduct:** As a Social Worker, I am required by law to adhere to the Louisiana Code of Ethics for Licensed Clinical Social Workers. Copies of these codes can be found at the above websites or will be provided upon request.

**Confidentiality:** I am required to abide by the professional practice standards for Licensed Clinical Social Workers stated in Louisiana law. I do not disclose client confidences and information to any third party without the client's written consent or waiver except when mandated or permitted by law. Louisiana state law mandates that I report to the proper authorities: suspected or reported child abuse/neglect, suspected or reported elder abuse/neglect, suspected or reported abuse/neglect of disabled individuals, and potential harm to self or others. In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse/partner or other family member only with the client's permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

**Privileged Communications:** It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if possible, except during an emergency, before mandated disclosure. I will endeavor to let clients know of all mandated disclosures as conceivable.

For those clients using third party payments, such as insurance policies, HMO or PPO plans, or EAP programs, you must sign a release of information so that claims and other payment related information may be released to that company. In working with families and couples, the release of any confidential information beyond the treatment context would require the signature of all adults and legal guardians involved in the sessions. Information shared within individual sessions in couples or family therapy will be held in confidence, unless all individuals sign a waiver releasing such information at the beginning of the therapeutic process. Refusal to sign such a waiver may impede the progress of treatment.

**Emergency Situations:** When attempting to contact me, please leave a message with your name (and the client's name if not yourself) and a contact number. I will return your call as soon as

possible. Clients are also advised to call 911 or go to the nearest emergency room in life threatening or severe situations.

**Client Responsibilities:** Throughout this therapeutic relationship, clients are expected to make their own decisions regarding major life events, including (but not limited to): marriage, separation, divorce, reconciliation, custody and visitation. The Code of Ethics that I work under does not allow for her to advise you to make any specific decision. Through therapeutic conversations, I can help you explore the options and consequences of your decision. Appointments will be scheduled based on the needs of the individual, couple, or family, and will last approximately 45-55 minutes. To ensure that I am available to uphold my commitments, clients are asked to be respectful of others' appointments by arriving on time. Parents please do not leave the office when your child is in session.

**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. As a routine part of the initial session, you will be asked the name of your physician and to list any medications that you are now taking.

**Potential Counseling Risk:** While therapy can be beneficial in addressing several emotional and behavioral concerns, some risks are involved:

- Relationship issues addressed in an individual session can lead to the dissolution of the relationship rather than improvements.
- Changes in behavior and relational patterns may result in unpredicted changes in the individual, couple, or family. Such changes may also elicit adverse responses from others in the individual, couple, or family's social system.
- The process of family therapy may result in the realization of issues that did not surface prior to the onset of the therapeutic relationship.

**ACKNOWLEDGMENT OF READING  
THE DECLARATION OF PRACTICES AND PROCEDURES**

I have read the Declaration of Practices and Procedures Nicole Rabalais, MSSW, LCSW and my signature below indicates my full informed consent to services provided by Nicole Rabalais, MSSW, LCSW.

I am also aware of the counseling relationship, responsibilities, and my rights of confidentiality. I realize there is a benefit and risk involved in counseling. I have a copy of the phone numbers I may call in the event of an emergency.

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

Nicole Rabalais, MSSW, LCSW \_\_\_\_\_ Date \_\_\_\_\_

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

I, \_\_\_\_\_ (parent/legal guardian), give permission for Nicole Rabalais, MSSW, LCSW to conduct counseling with my \_\_\_\_\_ (relationship), \_\_\_\_\_ (name of minor).

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_