

# Declaration of Practices and Procedures

**Brad L. Sibille, MA, NCC, LPC-S**

**Dr. Bonin and Associates**

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Phone: (337) 504-3483

**Qualifications:** I have earned my M.A. degree in Counseling from Franciscan University of Steubenville in 2004. I am licensed as a LPC-S # 5048 with the Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Baton Rouge, Louisiana 70809 Telephone: (225) 765-2515. I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs).

**Counseling Relationship:** I see counseling as a process in which you, the client, and I, the counselor, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals. I believe much of the work on counseling is helping people change their perspective or viewpoint of themselves, their life, and others to better handle the stressors and difficulties that are present in everyone's life. The way we see things affects our mood and attitudes which impacts our ability to function in life.

**Areas of Focus:** I do individual counseling with those ages 5 and up. I have over 14 years of experience working with children and adolescents and their families in counseling. I also have several years of experience working with those struggling with addictions including a year of working in a drug and alcohol inpatient facility.

**Fees and Office Procedures:** My fee is \$135 for the initial assessment and \$110 per one-hour individual counseling session. Payment is due at the time of service. I am a provider for several insurance companies. If you hold a policy that covers outpatient mental health benefits with them, I will file the insurance claim on your behalf. You are responsible for paying the co-pay and/or deductible per your insurance plan. If a claim is rejected, you are responsible for paying the full fee

Appointments are typically set at the end of each session. I have morning, afternoon, and evening appointments available Mondays, Tuesdays, and Thursdays. Appointments may be scheduled, rescheduled or cancelled with the receptionist from 8:00am to 5:00pm Monday through Thursday. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge of \$50.

**Services Offered and Clients Served:** I offer individual and family counseling sessions. The approaches I use in counseling mostly stem from Cognitive Therapy and Reality Therapy which focus on the choices we make and thoughts we have. If you are interested in learning more about these modalities of treatment, ask me and I will be happy to provide you with more information on them.

**Code of Conduct:** As a LPC-S, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board. A copy of this Code of Conduct is available upon request.

**Privileged Communication:** Materials revealed in counseling will remain strictly confidential except for:

- 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult.
- 4.) A court order is received directing the disclosure of information.

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 apprise clients of all mandated disclosures as conceivable. 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 permission. Any material obtained from a minor client may be shared with that client's parents or guardian.

**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 the Crisis Connection Center at (337) 232-4357 (HELP). You may also seek help through your local hospital's E.R. 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 counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider or you would prefer, for any reason, to seek services elsewhere, 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:** There is a connection between physical and mental health and so it is important that you have had a physical in the past year. If you have not had one I encourage you get one soon. It is also important that you let me know the name of your physician, medications you are taking, and any health problems you have.

**Potential Counseling Risk:** It is important that you understand that through the course of our time together, there may be additional issues which surface that you may not have been aware of previously. If this occurs, please feel free to share these new concerns with me.

**I have read the Declaration of Practices and Procedures of Brad L Sibille, M.A., LPC-S and my signature below indicates my full informed consent to services provided by Brad L. Sibille, M.A., LPC-S. I have read and understand the above information.**

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

**Printed Name** \_\_\_\_\_

**Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If client is a minor, parental authorization is needed:**

**I, \_\_\_\_\_, give permission for Brad L. Sibille MA, LPC-S to**  
**(Name of parent or legal guardian)**

**conduct counseling with my \_\_\_\_\_ , \_\_\_\_\_.**  
**(relationship) (name of minor)**

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

\_\_\_\_\_  
**Date**