

Declaration of Practices and Procedures

Amanda Marie LeBoeuf, M.A., PLPC, NCC
Cynthia Cashman, NCC, LPC-S, LAC
In Person and Telehealth
New Orleans, LA
Cell (504) 220-9570

Qualifications: I earned a Master of Arts degree in Mental Health Counseling from the University of Holy Cross, New Orleans in May 2021. I am licensed as a Provisional Licensed Professional Counselor, PLPC # PLC8646, with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225) 295-8444. Under the supervision of Ms. Cynthia Cashman, NCC, LPC-S, LAC 137 North Clark St., N.O., LA 70119, (504) 864-3422. Ms. Cashman is licensed with the Louisiana LPC Board as a Licensed Professional Counselor Supervisor (LPC-S) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as an LPC in the State of Louisiana.

Counseling Relationship: I understand counseling to be a trusting client/PLPC relationship, a professionally therapeutic relationship, in which the PLPC, I, and the client, you, work as a team to develop and accomplish mutually agreed upon goals. Ultimately, the client is accountable for their choices throughout the process as they seek healing for presenting problems.

Areas of Focus: I focus on clients who are children, adolescents, adults, or families with issues of anxiety, depression, grief, substance abuse issues, and trauma, as well as behavioral and cognitive challenges.

Fee and Office Procedures: As a paid employee of Cynthia Cashman, I do not charge or receive payment for services rendered directly at this time. As a PLPC, I may not accept payment for services directly. Appointments are scheduled between the client and counselor after the client is assigned by an administrator at, Cynthia Cashman, NCC, LPC-S, LAC. I have availability Monday through Friday between 7:00 am and 8:00 pm.

Services Offered and Clients Served: I approach counseling from a Cognitive Behavioral approach, which seeks to navigate change by helping implement an alternative viewpoint. I also implement Motivational Interviewing and Person-Centered techniques to assist the client in feeling comfortable and engaged in their journey. I work with clients in various formats, including individual and family sessions. I also conduct group therapy. I see clients of all ages and backgrounds with the exception that I do not work individually with children under six years of age.

Code of Conduct: As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC 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 a PLPC, you may contact the Louisiana LPC Board of Examiners. I am also a member of the Louisiana Counseling Association and

American Counseling Association requiring me to follow the codes of ethics set forth by these organizations.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult, or 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 another family member only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

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. I will endeavor to apprise clients of all mandated disclosures as conceivable.

Emergency Situations: When the office is unavailable to answer calls after normal business hours, you may leave a message on voicemail, and I will return your call as soon as possible. If an emergency should arise, you may seek help from the nearest hospital emergency room facility or University Medical Center LCMC (504) 702-3000 or by calling 911.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are 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, 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 with 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 Risks: As a result of mental health counseling, the client may realize they have additional issues which may not have surfaced prior to the onset of the counseling relationship, which could cause the feeling that and/or give the appearance that life circumstances and/or mental stability is decreasing in quality before it increases. It is common in the therapeutic process for a client to feel worse before they begin to get better. If this occurs, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Amanda Marie LeBeouf, PLPC, NCC. and my signature below indicates my full informed consent to services provided by Amanda Marie LeBoeuf, PLPC, NCC. I am aware that Mrs. LeBoeuf may share information with Cynthia Cashman, NCC, LPC-S, LAC, and other PLPCs for the sole purpose of supervision toward licensure, and information shared in supervision may not be used for any other purposes.

Client Signature

Date

Amanda Marie LeBoeuf, PLPC, NCC

Date

Cynthia Cashman, NCC, LPC-S, LAC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Amanda Marie LeBoeuf, PLPC, NCC. (Name of parent or legal guardian) to conduct counseling with my _____, _____.
(relationship) (Name of the minor)

Signature of Parent or Legal Guardian

Date