

## Declaration of Practices and Procedures

Robyn Sonnier, M.A., LPC-S, LCMHC, NCC, CCTP-II, CMCC, CFRC  
221 Rue De Jean Ste. 100  
Lafayette, LA 70808  
225-341-2580

Qualifications: I earned a Master of Arts degree in Counselor Education with a Specialization in Community Counseling from Louisiana State University in 2014. I am licensed as an LPC #6062 with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, 225-295-8444. I am also a Louisiana LPC-Board Approved Supervisor (LPC-S) of Provisional Licensed Professional Counselors (PLPCs). Additionally, I am licensed as an LPC-20672 with the State of Arizona Board of Behavioral Health Examiners, 1740 West Adams Street #3600, Phoenix, AZ 85007, 602-542-1882 and as a LCMHC-18429 with the North Carolina Board of Clinical Mental Health Counselors, P.O. Box 77819 Greensboro, NC 27417, 336-217-6607.

Counseling Relationship: I see counseling as a process in which you the client, and I, the LPC-S 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.

Areas of Focus: I have eight (8) years of counseling experience working with clients with varied mental health and substance abuse issues including, but not limited to depression, anxiety, relationship issues, eating disorders, substance use disorders, and personality disorders. 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. In addition to my license as a Licensed Professional Counselor (LPC), I am a Louisiana LPC-Board Approved Supervisor (LPC-S) of Provisional Licensed Professional Counselors (PLPCs).

Fees and Office Procedures: The fee for services is \$200 for the initial 50 minute session and \$190 per 50 minute session that follows, unless otherwise agreed upon, and is paid directly to Robyn Sonnier, LPC, LLC. Payment for services is due at the close of each session. The client is directly responsible for payment. Insurance is not accepted; however, a statement of payment can be provided upon request to submit to your insurance. Methods of payment include Cash, Credit Card, and HSA/FSA Cards. Checks are not permitted.

Appointments are typically set at the close of each session. I have morning and afternoon appointments available on Saturdays and some Sundays and evening appointments available during the week. Appointments may be scheduled, rescheduled or cancelled with me from 8:00am to 4:00pm Monday through Friday. *Failure to give notice for any appointment not cancelled twenty-four (24) hours in advance may result in a charge for the time reserved.*

Services Offered and Clients Served: I approach counseling from a multi-modal perspective in that different approaches and evidenced based interventions are explored in order to better understand the clients' problems and to develop solutions. I work with clients in a variety of formats, including individually, as couples and as families. I also conduct group therapy. I see clients ages 25 and older and of all backgrounds. I am particularly specialized in the following areas: trauma, OCD, military, first responders.

Code of Conduct: As an LPC-S, I am required by law to adhere to the Code of Conduct for practice as a LPC-S that has been adopted by my licensing boards, the Louisiana LPC Board of Examiners, and the State of Arizona Board of Behavioral Health Examiners. A copy of the Code of Conduct is

available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my supervisor/colleagues in order to best serve your needs and 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.

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 with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Use of Diagnosis: Some health insurance companies will reimburse clients for counseling services, and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

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: In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency facilities or by calling 911 or the Baton Rouge Crisis Line at 225-924-3900 or Tyler Mental Health, 337-262-4100.

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 expect you to share these with me so that we can make the necessary adjustments. If I determine 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 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.

Contact Policy: You may reach the office or me with the number provided. If you are unable to reach the receptionist or me, you may leave a message and I will return your call when possible. If you choose to email or text, be advised that they are NOT secure forms of communication. (In other words, people could come in contact with your information as it passes through services, towers, etc.) To protect your confidentiality, you may wish to not send confidential information.

Unexpected Therapist Absence: In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. Please let me know if you would like the names of my Executor and Secondary Executor. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

Social Media Policy: Although it is my policy to not have contact with clients through personal social media, you are welcome to connect with me on my professional page: facebook.com/robynsonnierlpc or Instagram.com/robynsonnierlpc. Please note that my social media sites are public. If you “like” my page, it will appear on your social media profile and can be viewed publicly. Your “likes” and comments on my page are also public. This is not a form of confidential communication.

Digital Communication and Technology Agreement: As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize telementalhealth services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through SimplePractice and Psychology Today, which are HIPAA compliant platforms and I have signed the required Business Associate Agreement (BAA) with them.

Complaints: Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organizations below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

Louisiana LPC Board of Examiners  
111410 Lake Sherwood Ave North Suite A  
Baton Rouge, LA 70816  
Phone: 225-295-8444  
Fax: 225-295-8448  
Email: [lpcboard@lpcboard.org](mailto:lpcboard@lpcboard.org)  
Website: <https://www.lpcboard.org/file-complaint>

Arizona State Board of Behavioral Health Examiners  
1740 West Adams Street, #3600  
Phoenix, AZ 85007  
Phone: 602-542-1882  
Fax: 602-364-0890  
Email: [information@azbbhe.us](mailto:information@azbbhe.us)

North Carolina Board of Licensed Clinical Mental Health Counselors  
P.O. Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

I have read the Declaration of Practices and Procedures of Robyn Sonnier, M.A., LPC-S, LCMHC, NCC, CCTP-II, CMCC, CFRC, and my signature below indicates my full informed consent to

services provided by Robyn Sonnier, M.A., LPC-S, LCMHC, NCC, CCTP-II, CMCC, CFRC.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Robyn Sonnier, M.A., LPC-S, LCMHC, NCC, CCTP-II, CMCC, CFRC

\_\_\_\_\_  
Date

**Parental Authorization Section for Minor Clients:**

I, \_\_\_\_\_, give permission for Robyn Sonnier, LPC-S, LCMHC, NCC, CCTP-II,  
(guardian)

CMCC, CFRC to conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(relationship) (name of minor)

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

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