

## Declaration of Practices and Procedures

Daniela Zapata, M.S., PLPC

Theratique

4440 Canal Street

New Orleans, LA 70117

504-782-0926

### **Qualifications:**

I earned a Masters of Science degree in Marriage and Family Counseling from Capella University in 2019. I am a Provisional Licensed Professional Counselor #PLC8657 and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444. The Louisiana LPC Board of Examiners has approved Sara Estes, M.A., LPC-S, 789 Main Street, Baton Rouge, LA 70809 (504-508-1985) as my LPC Board-Approved Supervisor. Ms. Estes is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

### **Counseling Relationship:**

I see counseling as a process in which you, the client, and I, the PLPC 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 focus on clients with depression, anxiety, behavior modification, relationship issues, personal development, in addition to marriage and family issues.

### **Fees and Office Procedures:**

The fee for services is \$125 per session and paid directly to Theratique. Payment for services is due at the close of each session. Payment is accepted from insurance companies. As a PLPC, I may not accept payment for services directly. Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available Monday through Friday. Appointments may be scheduled, rescheduled or cancelled with the receptionist from 8:00am to 4:00pm Monday through Friday. 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 Served:**

I approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions 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 frequently integrate other theoretical approaches. 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.

### **Confidentiality:**

Material revealed in counseling will remain strictly confidential except for material shared with my Board-Approved Supervisor 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.

### **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 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. You may also seek help through hospital emergency facilities or by calling 911. You may also call NOPD'S crisis unit at any time at 504-658-6207.

### **Client Responsibilities:**

As a client, you 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.

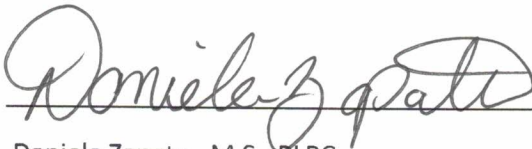
**Potential Counseling Risk:**

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. I have read the Declaration of Practices and Procedures of Daniela Zapata, M.S., PLPC and my signature below indicates my full informed consent to services provided by Daniela Zapata, M.S., PLPC. I am aware that Ms. Daniela Zapata may share information with Sara Estes, M.A., LPC-S and other PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Daniela Zapata, M.A., PLPC may be audio or videotaped for the purpose of supervision.

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Client Signature

Date



Daniela Zapata, M.S., PLPC

7/7/21  
Date



Sara Estes, M.Ed., LPC-S

Date

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give my permission for Daniela Zapata, M.S., PLPC  
to conduct therapy with my

\_\_\_\_\_.

(Relationship) (Name of minor)

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Signature of Parent or Legal Guardian

Date

