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Louisiana 70119

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Puglia Counseling Services LLC

— Personal Growth and Wellness —

Declaration of Policies & Procedures

Bianca Puglia, PHD, LPC, CCTP

Qualifications

Dr. Puglia earned her Master's in Human Services Counseling from University of New Orleans in 2001. Her doctorate was awarded by Old Dominion University in 2008. Dr. Puglia became a Licensed Professional Counselor (LPC #2921) in 2016 under the Louisiana LPC Board of Examiners (11410 Lake Sherwood Avenue North, Suite A; Baton Rouge, LA; 70816; (225) 295-8444).

Counseling Relationship

The relationship between counselor and client is the most important factor for success. Counseling is a journey of self-discovery. Heightened self-awareness empowers the client to make healthier decisions and pursue more satisfying life goals. Working together, the counselor and client will develop coping mechanisms and techniques unique to the client's situation. Enhanced perspectives and new possibilities will be discovered.

Areas of Focus

Dr. Puglia works with a variety of mental health issues including depression, anxiety, bipolar and adjustment disorders. She works with groups, couples and individuals – both adults and adolescents (age 12 and over).

Fees and Office Procedures

Payment for a session is collected at time of service. Self-pay fees are \$140 for a 50-minute session. Some insurances are accepted. Insurance co-pays are collected at time of session. Clients agree to pay for any session payments denied by the insurance company. Sliding scale fees are available upon request.

Office hours are as follows: Tuesday, Wednesday and Thursday (10 am to 6pm); and Saturday (10am to 5 pm. To make an appointment, visit www.pugliacounseling.com call Puglia Counseling Services at (504) 239-4380 or e-mail Dr. Puglia at Bianca.Puglia@pugliacounseling.com . Clients may self schedule through the client portal once login is established.

Appointments must be cancelled no later than 24 hours prior to the scheduled time. A missed session fee of \$75 will be assessed for any appointment cancelled within the 24-hour window. The missed session fee will be waived if the appointment is rescheduled within 5 days of the original appointment day. The waiver only applies to one (1) occurrence of rescheduling.

Services Offered and Clients Served

Cognitive Behavioral Therapy is most often used to foster development for clients. Clients are helped to identify patterns of behavior and thought that interfere with goal attainment and their sense of well-being. Sessions are offered for individuals, groups and families, as well as, couples. Both adults and adolescents (age 12 and over) are served at Puglia Counseling Services LLC.

Code of Conduct

As a Licensed Professional Counselor, Dr. Bianca Puglia is bound by the code of ethics set forth by the Louisiana LPC Board of Examiners. She also adheres to the code of ethics put forth by the American Counseling Association. A copy of either code is available upon request or by visiting these web sites: www.lpcboard.org (LA LPC Board of Examiners); www.counseling.org (American Counseling Association).

Confidentiality

Material shared in session will be strictly confidential in accordance with Louisianan Law. Situations under wh8ich confidential information may be shared are as follows:

- A. Client signs a written release for the purposes sharing confidential information.
- B. Client presents harm to himself or others.
- C. There is reasonable suspicion of abuse/neglect a minor child or elderly person (60 or older) or a dependent adult.
- D. A court order is received directing the sharing of information.

In the event of minor or family counseling, any information obtained from a minor client may be shared with a 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

During regular office hours, clients may choose to leave a message for Dr. Puglia on the voicemail or a text message. Dr. Puglia will return your call as soon as possible. If you need immediate attention or it is after hours, please GO TO YOUR NEAREST EMERGENCY ROOM or DIAL 911.

Also available for after-hours services:

Orleans Parish – (504) 826 – 2675 –Crisis Unit Metropolitan Human Services
District.

Jefferson Parish – (504) 832 – 5123 – Mobile Crisis Unit

Client responsibilities

Counseling is an interactive process through which client and counselor together, develop and implement therapeutic strategies and interventions. Dr. Puglia will help any client with appropriate referrals as appropriate to maximize Successful therapeutic outcomes. It is important to know if you are working with another mental health professional so that treatment efforts can be coordinated.

Physical Health

It is also recommended that a physical checkup by a medical professional occur yearly. Physical wellness is an important component of overall emotional wellbeing.

Potential risks of Counseling

During treatment, additional problems may surface. You may or may not have been aware of these problems beforehand. It is important to share these new discoveries with Dr. Puglia.

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Suite 204
New Orleans, LA 70119
Bianca Puglia, Ph.D., LPC, CCTP
License number 2921
(504) 239-4380

Teletherapy Declaration and Informed Consent (An Additional Document to the normal
Declaration of Practices used for In-Person Sessions) to clients

Licensed mental health professionals are required by their licensing boards to provide you, the client, with certain basic information. You have already received and signed the basic Declaration of Practices and Procedures from Dr. Bianca Puglia. This Teletherapy Policy & Procedure document describes certain important aspects of therapy unique to Teletherapy. I am providing you this information for your review and agreement. Please read it carefully and discuss any questions you have before signing below.

By signing this form, you are not making a commitment to continue teletherapy therapy as a permanent modality, but you will continue to have that option should you and Dr. Puglia both agree that it is in your best interest.

QUALIFICATIONS OF CLINICIAN

I have completed 9 hours of live telehealth care training in addition to my professional qualifications as a clinician. This training covered the Law and Ethics and Clinical Skills specifically related to telehealth care. I will continue to receive at least three hours of continuing education in the area of telemental health every two years. All teletherapy sessions will be conducted through Simple Practice which is encrypted to the federal standard.

Scheduling and Structure of Teletherapy

Counseling sessions will be scheduled in 50-minute increments, unless you and Dr. Puglia agree on a different time schedule. The next session will be scheduled at the end of the current session, unless otherwise agreed upon (such as, through Dr. Puglia's client portal). The structure of sessions will be dependent on the treatment plan and interventions being used.

Ethical and Legal Rights Related to Teletherapy

Dr. Puglia will not be conducting Teletherapy in any other state than Louisiana unless she specifically seeks and obtains licensure in the other state. It is important for you, as a client, to realize if you should relocate to another state, Dr. Puglia's ability to continue to conduct teletherapy would be dependent on her decision whether or not to seek licensure in the state to which you have relocated.

RESPONSIBILITIES OF THE CLIENT

All clients should:

- Be appropriately dressed during sessions.
 - Avoid using alcohol, drugs, or other mind-altering substances prior to session.
 - Be located in a safe and private area appropriate for a teletherapy session.
 - Make every attempt to be in a location with stable internet capability. Clients should NOT:
 - Record sessions unless first obtaining Dr. Puglia's permission.
 - Have anyone else in the room unless you first discuss it with Dr. Puglia.
 - Conduct other activities while in session (such as texting, driving, etc.).
- * If the client is a minor, a parent or guardian must be present at the location/building of the teletherapy session (unless otherwise agreed upon with the therapist).

POTENTIAL COUNSELING RISKS

When using technology to communicate on any level, there are some important risk factors of which to be aware. It is possible that information might be intercepted, forwarded, stored, sent out, or even changed from its original state. It is also possible that the security of the device used may be compromised. Best practice efforts are made to protect the security and overall privacy of all electronic communications with you. However, complete security of this information is not possible. Using methods of electronic communication with us outside of our recommendations creates a reasonable possibility that a third party may be able to intercept that communication. It is your responsibility to review the privacy sections and agreement forms of any application and technology you use. Please remember that depending on the device being used, others within your circle (i.e. family, friends, employers, & co-workers) and those not in your circle (i.e. criminals, scam artists) may have access to your device. Reviewing the privacy sections for your devices is essential. Please contact me with any questions that you may have on privacy measures.

POTENTIAL LIMITATIONS OF TELETHERAPY

Teletherapy is an alternate form of counseling and should not be viewed as a substitution for taking medication that has previously been prescribed by a medical doctor. It has possible benefits and limitations. By signing this document, you agree that you understand that:

- Teletherapy may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.
- Misunderstandings may occur due to a lack of visual and/or audio cues.
- Disruptions in the service and quality of the technology used may occur.

EMERGENCY SITUATIONS

The following items are important and necessary for your safety. The clinician will need this information in order to get you help in the case of an emergency. By signing this consent to treatment form you are acknowledging that you have read, understand, and agree to the following:

- The client will inform Dr. Puglia of the physical location where he/she is and will utilize consistently while participating in sessions and will inform Dr. Doe if this location changes.
- In the first teletherapy session, you will provide the name of a person Dr. Puglia is allowed to contact in the case she believes you are at risk. You will be asked to sign a release of information for this contact.
- In the first teletherapy session, you will provide information about the make, model, color, and tag number of your automobile.

- In each session you will provide information about the nearest emergency room or emergency services (such as fire station, police station, if there is not an emergency room nearby.)
- Depending on the assessment of risk and in the event of an emergency, you or Dr. Puglia may be required to verify that the emergency contact person is able and willing to go to the client's location and, if that person deems necessary, call 911 and/or transport the client to a hospital. In addition to this, Dr. Puglia may assess, and therefore require that you, the client create a safe environment at your location during the entire time of treatment. If an assessment is made for the need of a "safe environment" a plan for this safe environment will be developed at the time of need and made clear by Dr. Puglia.
- In the case of a need to speak to me between sessions, please call, or text, and leave a message. I do not provide emergency services on a 24-hour basis. If your emergency is after hours, please contact your nearest emergency room. Typically contact between sessions is limited to arranging for appointments.
- If you are in need of the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely be meeting with more than one counselor unless the two counselors have agreed to coordinate your care.

BACKUP PLAN IN CASE OF TECHNOLOGY FAILURE

A phone is the most reliable backup option in case of technological failure. It is, therefore, highly recommended that you always have a phone at your disposal and that I know your phone number. If disconnection from a video conference occurs, end the session and I will attempt to restart the session. If reconnection does not occur within five minutes, call me at the contact number I have provided. If, within 5 minutes, I do not hear from you, you agree (unless otherwise requested) that I can call the provided phone number.

Consent For Treatment

The attached Declarations are yours to keep. Please turn this page in with your other paperwork.

I have read the Declaration of Practices and Procedures of Bianca Puglia, PHD LPC and the Teletherapy Declaration and Informed Consent for Dr. Bianca Puglia. My signature below indicates my full informed consent to services provided by Dr. Puglia.

Client Signature

Date

Bianca Puglia, PhD, LPC, NCC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, (name of legal guardian _____), give my permission for

Bianca Puglia, PHD LPC NCC to conduct therapy with (name) _____

who is my (relationship to legal guardian) _____ as

indicated by my signature for informed consent above.