

**Practice Policy and Procedure Statement**  
**W. Nicholas Abraham, M. Div., Ph.D, LPC**  
**Updated April, 2020**

**Qualifications**— PHD in Counseling from Marquette Univ. I hold a Professional License (#1991) to practice Counseling through the Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA

**Clients Served**—Provides psychotherapy for individuals, couples, adolescents and families.

**Specialty Areas**— Specializes in addiction (substance and sex addiction), anxiety and depression, relationship growth, adolescent and adult developmental issues and sexual identity concerns. Expertise in Men’s Wellness issues. I am a Member of the Louisiana Counselor Association. Trained in DISC, Myers-Briggs, Enneagram.

**What to Expect from Therapy and What I Expect from Clients**—Goals for therapy are always established through collaboration with the client. The overall objective for therapy is to help the client navigate through life’s storms and breezes. Homework is often assigned so the client works outside the therapeutic experience. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation.

**Teletherapy** Given the current climate we are in with regard to social social distancing, I have had my 9 hours of training in Teletherapy and am now offering. See separate form for consent.

**Code of Ethics** - I am required by law to adhere to the Louisiana Code of Ethics for Licensed Professional Counselors.

**Fees**

TYPE OF SESSION	DURATION	FEE
Session – Individual/couple/family	50 Minutes	\$160.00

**Cancellation Policy:**

In the event that you must cancel a session, we require that *you call 24 hours prior to the session*. Failure to call 24 hours prior to your session (without reason of accident or health issues) will result in being charged for the missed session and will be charged to your credit card on file in our office.

**Insurance Reimbursement:** if you are using insurance, be sure to check with your network to make sure I am listed (William N. Abraham, Phd).

**Potential Benefits and Risks of Therapy**

1. Studies suggest that counseling can lead to major life changes.
2. Changes in relationship patterns that may result from counseling may produce unpredicted and/or possibly adverse responses from other people in the client’s social system.
3. A result of counseling may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship
  1. I accept full responsibility for the complete payment of my account. I shall hold Dr. Nick Abraham harmless should I become injured while on the premises of Dr. Nick Abraham.

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

\_\_\_\_\_  
 Therapist’s Signature Date

**MINOR CLIENTS**

If I am seeing minor clients (under 18), I need for you as Parent or Guardian to provide a parental authorization section. I give permission to Dr. Nicholas Abraham to conduct therapy with my son/daughter.

Parent Signature \_\_\_\_\_