



## STATEMENT OF PRACTICES & PROCEDURES

Brooke Thompson, MA, PLMFT  
Red River Institute  
820 Jordan, Suite 570  
Shreveport, Louisiana 71101

Cell: 318-268-4620  
Fax: 318-221-4459

Office: 318-771-7105  
Email: bthompson@redriverinstitute.org

Please read this statement of practices and procedures carefully and retain a copy for your records. It contains important information about your therapist, what you can expect from the therapy process, and how to make the most of your experience in therapy. At the beginning of your first session, you will be asked if you have any questions about the information in this document. As a client, you have the right to a clear understanding of the therapy process as outlined. If you have any questions, please ask. Your signature on the last page of this document signifies that you have read and understand the information contained therein, and that you consent to treatment.

### THERAPIST QUALIFICATIONS

**Education**—Brooke Thompson is a graduate of Northcentral University and earned her Master of Arts in Marriage and Family Therapy in 2017. Brooke is contracting with the staff of the Red River Institute and with Dr. Katherine Wilson to provide her with the clinical supervision necessary to complete her post-graduate licensing requirements..

**Legal Qualification**—Brooke is a Provisionally Licensed Marriage and Family Therapist (PLMFT) and holds PLMFT number \_\_\_\_\_. As a provisionally-licensed Marriage and Family Therapist, Brooke Thompson is authorized to provide therapeutic services to the public under the supervision of her clinical supervisors in accordance with Title 37, Chapter 13, 1101-1123 of the Louisiana Revised Statutes and under the auspices of the Licensed Professional Counselors Board of Examiners. Brooke must also comply with the policies of the Red River Institute as outlined in her Supervisor's Statement of Practices and Procedures.

**Professional Organizations & Experience**—Brooke Thompson is a member of the American Association for Marriage and Family Therapy. Brooke Thompson is also a member of the Satir Global Network.

**Clinical Supervisory Team**—During her tenure as a PLMFT with Red River Institute, Brooke Thompson will remain under the supervision of the Institute's Clinical Supervisory Team and Dr. Katherine Wilson. The Supervisory Team maintains an immediate responsibility for assisting Brooke in providing an appropriate standard of care. Any question or complaint about the type or quality of service delivery provided by Brooke Thompson may be directed to her designated Clinical Supervisor using the contact information below. Copies of the Clinical Supervisors' Statements of Practices and Procedures are available on request.

Tom Moore, MA, M.MFT, LPC-S, LMFT-S  
Director, Red River Institute  
Clinical Supervisor

Office: 318-221-4455 Email: ntmooremft@bellsouth.net

Brooke Thompson  
PLMFT  
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Additionally, Brooke Thompson will be under the supervision of Dr. Katherine Wilson. Copies of Dr. Wilson's Supervisory Statement of Practices and Procedures will be available upon request. Her office is located in Monroe, LA.

Dr. Katherine Wilson, Ph D., LMFT-S, LPC-S, AAMFT Approved Supervisor, R.N.  
Clinical Supervisor  
2600 Tower Dr. Suite 406  
Monroe, LA

Office: 318-361-9299 Email: [kwilson@thewomansclinic.net](mailto:kwilson@thewomansclinic.net)

## **AREAS OF EXPERTISE & THERAPEUTIC APPROACH**

Brooke Thompson is specializing in the practice of marriage and family therapy in order to work effectively with problems of childhood, parenthood, marital difficulties, and adult difficulties that may be related directly or indirectly to disturbances in family relationships.

Whether working with an individual, couple, or family, Brooke Thompson works from an ecosystemic perspective, which means that she accepts a client's immediate relationships and larger social context as being important factors in solving life's problems. Additionally, she works from an experiential, humanistic approach in which she utilizes communication coaching, exploration of coping, and a safe, nurturing context to facilitate healing and increased well-being of the whole person and the restoration of supportive social networks.

A well-defined plan for achieving identified goals or solving identified problems is developed in collaboration with the client. The emphasis in therapy is placed on assisting the client in finding workable solutions and accessing the resources necessary to enact those solutions in a time-limited framework.

## **TYPES OF CLIENTS SERVED**

Brooke Thompson works with elderly adults, adults, teenagers, and children of all ages. When working with teenagers and children, Brooke Thompson strongly prefers to work with the whole family. Unwillingness or inability of family members to participate in therapy may result in referral.

## **ETHICAL CODE OF CONDUCT/LEGAL REQUIREMENTS**

Brooke Thompson is required to meet the minimum standards for service delivery for Provisionally Licensed Marriage and Family Therapists provided by the Code of Ethics for Licensed Marriage and Family Therapists in state law. A copy of this code will be provided you upon request, or you may view the Code at [www.lpcboard.org](http://www.lpcboard.org). For more information or to file a complaint, you may contact Brooke's Supervisory Team or contact the Licensed Professional Counselor's Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, Louisiana, 70809, telephone number 504-765-2515.

**Confidentiality**—Brooke Thompson is required to audio— or videotape all client sessions or have her session observed by her clinical supervisor. In addition, she is required to review and staff all cases with her supervisor on a regular basis. Outside this supervisory relationship, Brooke Thompson is prohibited by law from releasing any information regarding your therapy to any third party without a signed release that reflects your informed consent. Electronically submitted or

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reproduced releases without an original signature (fax, e-mail attachment, photocopy) or verbal permission from the client to release information may be accepted, but only in the case of an emergency.

**General Exceptions to Confidentiality**—There are certain conditions and circumstances that require confidentiality to be broken by the therapist. Specifically, it must be reported to appropriate authorities when the therapists has reasonable suspicion of child abuse, elder abuse, or the abuse of a mentally handicapped person; or when the therapist is convinced that the client is indicating serious, imminent physical harm to himself/herself (suicide) or to some other specific person (homicide). In the latter case, the therapist has a duty to warn the individual who is being threatened and to contact the appropriate authorities.

There are other circumstances that may limit the rule of confidentiality. Certain types of litigation, such as child custody, may result in a court ordered release of information without your consent.

**Clinical Situations that Affect Confidentiality**—Special clinical situations may exist that require informed consent of the client in order for information to be released. For example, in couple, family, or group therapy, information cannot be released to a party outside the treatment context about any certain individual without the written consent of all parties being treated. Information shared by individuals in a private session where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless that individual signs a release of information. Note, however, that maintaining confidentiality for individual sessions during couples or family therapy could impede or even prevent a positive outcome to therapy and could result in referral.

While Brooke Thompson is bound by confidentiality in a marital, family, or group settings as described above, she cannot be responsible for information shared by family or group members with others outside the treatment context.

**Electronic Transmission of Data**—Brooke Thompson cannot control and is not responsible for the unauthorized interception of data by a third party when it is being transmitted electronically by cell phone, wireless phone, e-mail, fax, or other electronic device. Transmission of confidential material by electronic means is subject to client authorization and is at the client's risk.

**Client Records**— The client's file is the property of the Red River Institute and is managed by the therapist and his or her Clinical Supervisor. Transfer or reproduction of data from the client's file is subject to Louisiana law and the policies and protocols of the Red River Institute. Requests for records may be made to the therapist or his or her supervisory team as designated in this Statement of Practice. To make a request for records, the client or professional making the request must have the correct name on the file and dates of service. Clinical records will be maintained for six (6) years, after which they may be destroyed.

## THE CLIENT—THERAPIST RELATIONSHIP

**Therapist Responsibility**—It is Brooke Thompson's responsibility to provide quality services that fall in delivery and scope within the legal and ethical guidelines referred to above, to provide clear and complete information about her clinical practices and procedures so that the client can provide informed consent to treatment, and, as is within her reasonable ability, to provide a safe, trusting context for the therapy process.

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**Client Responsibility**—The client is responsible for acquainting himself/herself with basic information regarding office practices and procedures as explained in this document. In addition, client responsibilities include:

1. Filling out the intake form provided completely and accurately, including current medications.
2. Keeping agreed-upon appointment times consistently and promptly.
3. Informing Brooke Thompson of any change in status, such as address or telephone number.
4. Informing Brooke Thompson of a clinical relationship with any other mental health professional while therapy with her is on-going so that provisions can be made to avoid any ethical or therapeutic conflict.

Ethics dictate that clients make their own decisions about such things as deciding to marry, separate, divorce, reconcile, or setting up child custody. Brooke Thompson will help the client think through possible options and potential consequences, but ethics disallow the therapist from offering advice to the client in making specific decisions.

It is strongly suggested that clients undergo a routine physical as a prelude to therapy if there has been no physical exam in the past year. Many emotional or psychological difficulties can be the result of some physical problem.

## **WHAT TO EXPECT**

Therapy sessions are typically fifty (50) minutes to one hour in length. The first session is usually spent in gathering information about the history and on-going character of the problem(s) that the client wishes to work on in therapy.

Sessions thereafter are usually scheduled one time a week, and are devoted to establishing mutually agreed upon goals for therapy and developing strategies to meet those goals. The length of the therapy process depends on the nature and severity of the presenting problem. However, most problems are successfully resolved in eight (8) to ten (10) sessions.

At the end of sessions, “homework” may be assigned to the client. This homework is important to the therapy process; therefore, clients are strongly encouraged to complete these assignments to maximize the effectiveness and the efficiency of their counseling experience.

**Audio & Video Taping of Sessions**—In order to provide the necessary learning experience for Brooke and to appropriately monitor her clinical work, Brooke Thompson is required to audio-- or videotape all client sessions. Session recordings are used for training purposes only and are viewed only by Brooke Thompson, her supervision group, or her Clinical Supervisor. Once services are terminated, all electronic recordings will be completely and permanently destroyed.

**Transfer of Therapist/Referral**-- Brooke Thompson and her Supervisor work to provide a continuity of care for all clients at the Red River Institute’s training program. However, should circumstances require that you transfer from one clinician at the Red River Institute’s training program to another clinician during the course of your therapy, Brooke Thompson will meet with you and your new therapist to make sure that the transition is smooth. Your records will automatically be transferred to your new therapist to ensure your continuity of care.

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Should you request referral to another therapist outside the Red River Institute's training program, or should Brooke Thompson or either of her Supervisors determine that referral is in your best interest, she and her Clinical Supervisor will advise you accordingly, recommend possible referral options, and facilitate transfer of services. Your records will be forwarded to your new therapist upon your written consent.

**Terminating Therapy**--When therapy is concluded, Brooke Thompson will ask you to fill out an exit survey reflecting the quality of services you have received. Her Supervisor will use this information as part of her training. Your file will then be closed and stored securely at the Red River Institute for six (6) years for adults (over age 18) and for (7) years after the age of majority for minor clients. Upon completion of Brooke Thompson's training at the Institute, the archiving of your file will be managed by Brooke Thompson's Clinical Supervisor. Inquiries about your file may be addressed to the Office Manager, Red River Institute, 820 Jordan, Suite 570, Shreveport, LA 71101. Should circumstances result in the preemptive termination of therapy, your file will be closed automatically within thirty (30) days of last contact. When Brooke completes her supervision process all electronic recordings will be completely and permanently destroyed.

## **ROUTINE BUSINESS PROCEDURES/PRACTICES**

**Office Hours**—Brooke Thompson schedules client sessions Monday, Tuesday, Wednesday, Friday, and on Saturday by special circumstance. Times are available from 8:00 am to 6:30 pm on Monday, Tuesday, Wednesday, and Friday, and 9:00 am to 4:00 pm Saturday.

If you should need immediate face-to-face or phone assistance, a secretary is on duty from 9:15 am until 5:00 pm Monday through Thursday, and 9:15 am until 12:00 pm on Friday. If you call our office number and the secretary is not on duty or away from her desk, or if all lines are busy, an answering machine will automatically take calls.

The office may be closed for certain holidays or special events.

**Making/Breaking Appointments**—Sessions are by appointment only and session availability is limited. Typically, appointments are made with the therapist after each session. However, appointments can be made, changed, or cancelled by phone or in person with the therapist or secretary during her office hours as stated above. It is preferred that you contact Brooke first if changes need to be made to your scheduled appointment or to schedule an appointment (318-268-4620). If the client is assessed a fee for therapy, please note that an appointment cancelled or changed with less than 24 hours notice may result in a full charge for that session. For clients who are accepted to our pro-bono program, a \$25 administrative fee may be assessed for an appointment cancelled or changed with less than 24 hours notice. Also note that excessive "no-shows", cancellations, or reschedules on the part of the client could result in referral.

**Fees**—The fee for a fifty (50) minute therapy session is \$75. Sessions of greater length are subject to additional charge. Full payment for services rendered is expected after each session. Provisional licensees are prohibited from collecting a direct fee for service. Therefore, as indicated on the super bill receipt, all fees are paid directly to Brooke's Approved Supervisor, Tom Moore, MA, M.MFT, LPC-S, LMFT-S. Brooke Thompson will work with clients who cannot pay full fee. If you are unable to pay full fee, please request an adjusted fee and she will work with you to set a fee that is affordable for you.

**Fees for Court Appearances, Depositions, & Documentation**—If compelled to appear in court, time used to prepare for, travel to, and appear in court will be charged at the rate of \$200 an hour. Additional fees will be charged for duplication and/or submission of documentation, such as case notes or existing reports, at the rate of \$10.00 per page.

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Brooke Thompson charges an initial \$1000 retainer for court appearances payable at the time a subpoena is received. When the retainer has been used up, the client will be billed another \$1000 to retain Brooke Thompson's services, if necessary. Portions of the retainer are refundable at Brooke Thompson's discretion. Brooke Thompson bills \$700 dollars for a deposition, payable at the time the subpoena is received.

A simple report to be submitted to the Court that is not part of a deposition or court appearance is billed at a flat fee of \$300 per submission, payable at the time of request or subpoena.

Routine Reports & Documentation—Routine reports for purposes other than court can be provided at the client's request upon receipt of a signed waiver. A flat fee of \$150 dollars is charged for routine reports. Routine documentation may also be provided upon the client's request and upon receipt of a signed waiver. If such documentation is ten (10) pages or less, there is no fee. For eleven (11) or more pages, the fee is \$10 a page.

As the result of special arrangement, a fee may be charged for telephone contact at the rate of \$1.50 a minute.

**Routine Telephone Contact**—Brooke Thompson prioritizes her face-to-face consultation with her clients and does not take phone calls while she is in session. Her time to return phone calls is limited. She will return calls in the order in which they are received and as time allows.

There is typically no charge for routine telephone contact. However, Brooke Thompson reserves the right to bill for telephone calls of over ten minutes or that become more frequent than one time a week at the rate of \$1.50 a minute.

## **POTENTIAL RISKS**

As a client works to make changes through participation in marital or family therapy, relationships with other individuals in the client's social system who may not benefit from those changes may resist change. Further, changes in relationship patterns that may result from family therapy may produce unpredicted and/or adverse responses from other people in the client's social system.

Research suggests that working on marital issues in therapy with only one spouse can have a detrimental effect on the quality of the marriage and can lead to dissolution of the marriage.

As the result of mental health counseling, a client may realize that he/she has additional issues which may not have surfaced prior to the formation of the counseling relationship.

## **IN CASE OF EMERGENCY**

When an emergency arises and an immediate emergency response is required, clients are instructed to call the Willis-Knighton Behavioral Medicine Unit located at 1111 Line Avenue in Shreveport, telephone number (318) 716-4600. Emergency services are available twenty-four hours a day, seven days a week.

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**CLIENT'S STATEMENT OF UNDERSTANDING/CONSENT TO TREAT**

My signature below signifies that I have read and understand the information contained in this document and agree to treatment under these terms. If I am the parent or guardian of an individual that I am bringing to treatment that is not capable of providing informed consent because of age or handicap, I agree to print their names below. My signature indicates that I am responsible for their welfare, have considered their best interest, and agree to treatment under these terms on their behalf.

I understand that I accept responsibility for informing anyone I invite into therapy from this point on about the information contained in this document as it may apply to them.

\_\_\_By initialing here, I authorize written and/or verbal feedback to my referral source that I have consented to treatment under the terms of this Statement of Practice.

\_\_\_By initialing here, I authorize my therapist to leave voicemail messages on my cell or home phone..

\_\_\_By initialing here, I authorize the transmission of information over electronic devices such as cell phones, wireless phones, e-mail, and faxes that may be susceptible to unauthorized interception by a third party.

\_\_\_\_\_  
Responsible Client, Parent, or Guardian

\_\_\_\_\_  
Date

Non-responsible Participants (please print):

I have reviewed the information in this document with the client, given them opportunity to ask questions about its content, and witnessed their signature.

\_\_\_\_\_  
Brooke Thompson, PLMFT

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Tom Moore, MA, M.MFT, LPC-S, LMFT-S  
RRI Clinical Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Katherine Wilson, Ph D., LMFT-S, LPC-S  
AAMFT Approved Supervisor, R.N.

\_\_\_\_\_  
Date