

### **Declaration of Practices and Procedures**

Dr. Laurice Derozan Harrison, DPC, LPC-S, MAPC IRISE Counseling Services, LLC 214 S. Burnside Ave. Suite 203 Gonzales, La. 70737 225-647-9001

**Qualifications:** I earned a Doctorate from Mississippi College in 2023 and a Master of Arts in Psychological Counseling from Nicholls State University in 2008. I am licensed as a Licensed Professional Counselor-Supervisor (#4438) with the LPC Board of Examiners located at 11410 Lake Sherwood Ave North Ste A Baton Rouge, La. 70816 (phone 225-295-8444.) I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs).

**Counseling Relationship:** I see counseling as a process in which you, the client, and I, the Counselor, having come to an understanding and trust one another, work as a team to explore and define present problem situations, develop future goals for improved life and work systematically toward realizing those goals.

**Areas of Focus:** My interests include, but are not limited to, working with individuals and families dealing with mental health and substance abuse.

### Fee and Office Procedure

Fees are charged using the guidelines below and are paid directly to IRISE Counseling Services, LLC. Payment for service is due at the close of each session. Payment for service is accepted through insurance companies.

Fees
Consultations 15 minutes Free
Substance Abuse Assessment--\$175.00
Intake Session--\$150.00
45-minute session--\$85.00
60-minute session \$ 105.00
70-minute session Couples \$125.00
Anger Management \$65.00 (6) session
Couple intake \$150.00
Couple session \$125.00

## Missed sessions without 24-hour notice will be charged full session fee

Appointments are typically made at the close of each session. I set sessions by appointment only. Appointments may be scheduled, rescheduled, or canceled within 24 hours of the appointment



scheduled time. Failure to give notice of any appointment not canceled within 24-hour notice will result in a charge for the time reserved for you.

#### **Services Offered and Clients Served:**

I approach counseling from a Person-centered and Gestalt perspective in exploring the pattern of thoughts and actions to understand the client's problem better and develop solutions. I work with clients in various formats, including individually, family, and group. I see clients of all ages and backgrounds, except I do not work individually with children under ten.

**Code of Conduct:** As a Counselor, I am legally required to adhere to the Code of Conduct for practice adopted by my licensing board. A copy of this Code of Conduct is available to you upon request.

# **Confidentiality**

Material revealed in counseling will remain strictly confidential except for material shared under the following circumstances by State law:

- 1. The client signs a written release of information indicating informed consent to 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 directing the disclosure of information has been received.

In marriage or family counseling, material is obtained from an adult client. Individually, it 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:**

My policy is 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 quickly as possible.

Additionally, I may consult with another counselor if I find myself having struggles with where to go with your case or if there is an ethical dilemma that arises. Please understand that your personal information will not be shared during consultation and that I will only talk about the struggle or ethical predicament without any identifying information.



During marriage, family, or group counseling, material obtained from an adult client individually may not be shared with the client's spouse or other family members unless the client gives written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

**Litigation**: It is not my practice to become involved in litigation. However, if I am subpoenaed or must appear in court, my fees are \$500 for a half day and \$1,000 for a full day. In addition, I charge \$200 an hour for professional services, including travel time, phone and email consultations, letter compilation, records review, and communication with attorneys, law enforcement, FINS, parenting coordinators/evaluators, parents, professional consultation with colleagues/supervisors, and my attorney. Insurance cannot be billed for this time.

**Emergency Situations:** When the receptionist is unavailable to answer calls after regular office hours, you may leave a message on the answering machine. I will return your call as soon as possible. When an immediate response is necessary in an emergency, you may call the on-call phone (225)-978-2824 and speak with a counselor. You may also seek help through hospital emergency facilities or by calling 911.

## **Client Responsibilities:**

I strive to make the counseling session a place where you feel safe. I see counseling as a collaborative process, meaning that you are a full partner in the process. Your honesty and effort are essential to our success. If, as we work together, you have suggestions or concerns about our sessions, I expect you to share those with me so that we can make necessary adjustments. If it develops that another mental health provider would better serve you, I will help you with the referral process. If you are seeing another mental health professional, please inform me so that, with your written permission, I may contact the other professional and develop a collaborative professional relationship.

**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. Additionally, medications (both prescription and non-prescription) may have significant side effects that may impact the counseling relationship. I expect full disclosure from you regarding any medications that you are currently taking.

**Potential Counseling Risk:** You should be aware that counseling poses potential risks. While working together, additional problems may surface of which you were unaware. It is also important to realize that your relationships will be affected as you change. This is especially apparent in marriage and couples counseling.



I have read the Declaration of Practices and Procedures of Dr. Laurice D. Harrison, DPC, LPC-S, MAPC and my signature below indicates my full informed consent to services provided by Dr. Laurice D. Harrison, DPC, LPC-S, MAPC.

Client Signature	Date	
Dr. Laurice Derozan Harrison, DPC,	LPC-S, MAPC	Date
Parental/Guardian Consent for Treatr I, give permission for Dr. Laurice De		MAPC
(Name of parent of legal guardian)		
to conduct therapy with		_·
(Relatio	nship) (Name of minor)	
Signature of parent or legal guardian	Date	_