

IRISE Counseling Services, LLC



Declaration of Practices and Procedures

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

Qualifications: I earned a Master of Arts degree 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 which is 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 understanding 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: My interests include, but are not limited to, working with individuals and family dealing with mental health and substance abuse.

Fee and Office Procedure

Fees are charged using the guideline below and is 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. I also offer a fee scale based on income on a case by case situation.

Fees

Consultations 30 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

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

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

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time. Failure to give notice for any appointment not cancelled in 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 the pattern of thoughts and actions are explored in order to better understand the clients' problem and to develop solutions. I work with clients in a variety of formats, including individually, family, and group. I see clients of all ages and backgrounds with the exception that I do not work individually with children under ten years of age.

Code of Conduct: As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been 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, 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 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.

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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 own attorney. Insurance cannot be billed for this time.

Emergency Situations: When the receptionist is unavailable to answer calls after normal offices hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary 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 is 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 you would be better served by another mental health provider, 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 profession 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 and all medications that you are currently taking.

Potential Counseling Risk: You 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. It is also important to realize that as you change, your relationships will be affected. This is especially apparent in marriage and couples counseling.

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

_____ Date _____
Client Signature

_____ Date _____
Laurice Derozan Harrison, MAPC, LPC-S

Parental/Guardian Consent for Treatment of a minor:
I, give permission for Laurice Derozan Harrison, MAPC, LPC-S

(Name of parent or legal guardian) _____

to conduct therapy with _____, _____.
(Relationship) (Name of minor)

_____ Date _____
Signature of parent or legal guardian