

Declaration of Practices and Procedures

Lauran Settoon, M.ED., Licensed Professional Counselor

Hollander Counseling and Consulting

509 East Thomas Street Hammond, La 70401

225-993-1709

Qualifications: I earned a bachelor's of science degree in psychology from Louisiana State University in 2008 and a master's of education degree in counselor education from Southeastern Louisiana University in 2012. I am a Licensed Professional Counselor (LPC# 5304) with the Licensed Professional Counselor Board of Examiners (8631 Summa Ave. Baton Rouge, La 70809; Telephone 225-765-2515).

Counseling Relationship: I understand the counseling relationship to be a partnership between the counselor and the client, built on mutual trust and respect, with the goal of facilitating personal growth and development. The responsibility and power for change is held by the client and as such the client determines the path of counseling.

Areas of Focus: I work with many different clients, but have the most experience working with children and families. I have taken college coursework in play therapy and have worked in school settings. I have experience working with expectant and new mothers, facilitating coping with issues particular to motherhood. More recently, I have gained experience working with the adult psychiatric population both in individual and group settings.

Fee and Office Procedures: The fee for services is \$100 per session and paid directly to Hollander Counseling and Consulting. Payment for services is due at the end of each session. I am in the process of contracting with insurance companies and will provide further information upon request. Currently I am in network with Blue Cross Louisiana, Humana, and Aetna commercial and medicaid, with several other contracts pending. I will sometimes employ a sliding scale fee schedule for extenuating circumstances. Please feel free to request further information regarding these payment arrangements.

Currently, my appointments are in the afternoon. All scheduling can be completed by contacting me directly at 225-993-1709. It is my policy to charge a no-show fee of \$100 for all appointments not canceled 24 hours or more in advance. There is no fee for appointments canceled or rescheduled more than 24 hours in advance. Clients who maintain regularly scheduled appointments will have access to me via phone for non-emergency crises. They can call me at the above number and I will return the call as soon as possible. In the event of an emergency, please follow the emergency procedures outlined in the Emergency Situations section of this declaration statement. **Please note that I will not be communicating with you through any social media platform, and that text messages are reserved for scheduling purposes.**

Services Offered and Clients Served: My approach to counseling is developmental in nature. I have an integrative style that blends developmental theories, cognitive-behavioral theory, Adlerian concepts, psycho-educational approaches, and Gestalt techniques. My approach tends to be flexible in order to best meet the needs of diverse clients. Thought and action patterns as well as emotional expression play a central role in the therapeutic process. I offer individual, family, and group sessions to adults and children as young as 3. As a safe space for those impacted by trauma, I do not currently treat those involved in the legal system for abuse/violence.

Codes of Conduct: As an LPC, I am required by state law to adhere to the code of conduct outlined by my state licensing board. A copy of this code of conduct is available upon request.

Confidentiality: As a part of my ethical guidelines, communication revealed during counseling sessions is confidential except in the following circumstances in accordance with state law:

1. Instances in which the client (or legal guardian) signs a release of information indicating informed consent of such a release
2. The client expresses the desire/intent to harm self or others or there is a strong reason to believe such harm might occur
3. There is a reasonable suspicion of abuse/neglect against a minor, elderly person (60 years of age or older), or dependent adult
4. The client is a minor and his or her legal guardian is requesting information about counseling services
5. A court order or other legal directive 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 the right of privileged communication on behalf of my client in accordance with the law, and as such I will attempt to inform the client of all instances of mandated disclosure when possible. When counseling minors or dependent adults, I ask that legal guardians aid the therapeutic process by respecting the minor or dependent adult's desire of privacy within the therapeutic session. Breach of privacy, however legal, may hinder therapy.

Emergency Situations: Should an emergency situation arise, you should seek emergency care through a hospital emergency room or by calling 911. North Oaks Hospital in Hammond may be contacted at (985) 230-1300. You may give treating facility my contact information for continuity of care,

Client Responsibilities: The responsibility for growth lies with the client. Client honesty, involvement, and effort are essential for successful therapy. If at any time during our working relationship concerns or questions should arise, the client (or legal guardian) should feel free to address these with me. If it seems that the client will be better served by a different mental health professional, I will extend every effort to assist with referrals. If the client is currently receiving mental health services from another provider, it is my full expectation that this information will be shared and permission granted for me to coordinate services with the other mental health care provider.

Physical Health: Physical and emotional health are interrelated. If you have not had a physical exam in the last year, it is recommended that you do so. It is also important that you provide me with a list of all current medications.

Potential Counseling Risk: As with any new experience, counseling poses some risk. During the course of therapy, new problems or issues may arise. This may be due to an increase in self-awareness or the fact that personal changes may cause changes in other relationships. If this situation arises, the client should feel free to discuss these concerns with me.

I have read the declaration of practices and procedures of Lauran Settoon, M.Ed., LPC, and my signature below indicates my full informed consent to services rendered by Lauran Settoon M.Ed., LPC.

Client Signature

Date

Lauran Settoon, M.Ed., LPC

Date

Consent to Treatment of Minors

I, _____(name of parent or legal guardian), give permission for
Lauran Settoon, M.Ed., LPC, to conduct counseling with my _____ (name of relationship),
_____(name of minor).

Signature of legal guardian

Date