

## **Declaration of Practices and Procedures**

Tracy Purvis, M.Ed., LPC  
Claiborne Parish School Board \* Haynesville Elementary School  
9777 Hwy 79 \* Haynesville, LA. 71038  
(Ph)318-624-1084 \* (F)318-624-0598 \* tpurvis@cpsb.us

Qualifications: I earned a Master of Education degree in School Counseling from Nicholls State University in 2011. I am licensed as an LPC #5120 with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA. 70809 (225-765-2515).

Counseling Relationship: I see counseling as a process in which you, the client, and I, the Counselor, work together as a team to build a relationship based on trust and understanding. Together, we will explore the current challenges and issues surrounding your life experiences, to develop realistic goals addressing the issues. A certain level of respect, cooperation, and trust are required for positive results and a healthier outlook on life.

Areas of Focus: I have a general practice and work with a diverse group of clients. My primary focus is working with individuals, children, adolescents, couples, and families. Through my academic training and background field experiences, I have acquired the necessary skills to work with individuals, groups and families who have experienced domestic violence, physical and sexual abuse. I have training in EMDR, TF-CBT, Art Therapy, and Play Therapy.

Fees and Office Procedures: The fee for professional counseling services will be no charge to the client or the client's family at this time. Fees for counseling sessions are paid by the CPSB through a state awarded grant.

The standard fee for phone calls between LPC and the client/student/parent/guardian will be \$25 per 15 minutes. The student's parent or guardian will be responsible for this fee. Please note that telephone conferences cannot be billed to insurance and will be the responsibility of the client/parent/guardian, NOT the school board, grant or insurance.

Courtroom testimony/depositions will be billed at \$350 per hour. These fees cannot be billed through insurance, the School Board, or the state grant and will be the responsibility of the client.

Appointments are typically set during school hours, around the student's academic schedule. After school schedules are available with prior arrangements.

Services Offered and Clients Served: I offer counseling services for individuals, couples, children, and families. I approach counseling from an integrative approach based on the client's needs and the nature of the presenting issues which can include trauma informed care,

person-centered therapy, and/or cognitive behavioral therapy. In addition to helping clients find meaning for their lives, the goal is to help clients identify and replace unhealthy, irrational beliefs, as well as develop the skills needed to move beyond their trauma, to lead a healthier, more fulfilled life.

Code of Conduct: As an LPC, I am required by law to adhere to the Code of Conduct for practice as an LPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of that Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners. As an LPC and member of the following professional organizations, the American Counseling Association (ACA), and the Louisiana Counseling Association (LCA). I must follow all codes of ethics in order to maintain my membership requirements.

Confidentiality: Trust is an essential part of the client/counselor relationship. In an effort to build and maintain that trust, 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.

Any information obtained from a minor client may be shared with the client's parent or guardian.

Privileged Communication: It is my policy to assert privileged communications on behalf of the client and the right to consult with the client, if possible, except during an emergency, before mandated disclosure. I will attempt to apprise clients of all mandated disclosures as conceivable.

Emergency Situations: In an emergency when an immediate response is necessary, please obtain help by calling 911 or through the closest hospital emergency facilities.

Client Responsibilities: You, the client, are a full partner in counseling. It is essential, for the success of the therapeutic process, you be an active participant. Your honesty and teamwork are required for success. As we work together, it is important that any concerns you may have be brought to my attention. You are expected to share these concerns with me so that we can make the necessary adjustments. It is your responsibility to make final decisions regarding your treatment. I will assist you in the referral process if you, or I, feel you would be better served elsewhere. Please inform me if you are working with another mental health professional and grant me permission to coordinate services with this professional. This will allow for better

care and assist as a way to better serve you. Also, as a client, you are also responsible to schedule, keep and cancel your appointments.

Physical Health: Physical health can be an important factor in the emotional well-being of an individual. Please notify me of any medication you are currently taking. Also, if you have not had a physical examination in the last year, it is recommended you do so.

Potential Counseling Risk: Please be advised that counseling poses potential risks. While working together, additional problems may surface of which you were not initially aware. If this occurs, please feel free to share any concerns with me.

I have read the Declaration of Practices and Procedures of Tracy Purvis, M.Ed., LPC and my signature below indicates my full informed consent to services provided by Tracy Purvis, M.Ed., LPC.

---

Client Signature

Date

---

Tracy Purvis, M.Ed., LPC

Date

#### Parent/Guardian Consent for Treatment of a Minor

I am the parent/legal guardian of the minor child listed below and give permission for Tracy Purvis, LPC to conduct therapy with him/her.

Name of Minor: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_