

## **Declaration of Practice and Procedures**

Donneisha Wilson, M.A., LPC, NCC  
New Orleans Counseling and Hypnosis Center  
4038 Canal Street  
New Orleans, LA 70119

**Qualifications:** I earned a Master of Arts degree in Counseling with a focus in School Counseling from the University of Holy Cross in 2017. I am licensed as a professional counselor(LPC) with the Louisiana Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444.

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

**Area of Focus:** I work with children, adolescents, young adults and families individually and in groups. In addition to being a Licensed Professional Counselor in Louisiana, I also hold a national certification as a National Certified Counselor(NCC#889154).

**Fees and Office Procedures:** One hour sessions are \$125.00 paid using debit or credit card directly to New Orleans Counseling and Hypnosis Center. I have face to face appointments on Wednesday evenings, Friday afternoons, Saturday mornings and afternoons. Teletherapy sessions are available on Monday, Tuesday and Thursday from 4pm to 6pm. Private pay and insurance is accepted. Services may be covered in full or in part by insurance. Any questions concerning insurance should be directed to Hope Gersovitz at NOCHC at 504-681-7030 or email at NOCHC.theratique@gmail.com. Appointments are scheduled at the end of session or by phone. Appointments that are canceled with less than 24-hour notice are subject to a fee of 125.00.

**Services Offered and Clients Served:** I work primarily with children, adolescents and adults. I approach counseling from a solution-focused perspective with a focus on helping clients create solutions to problems they may face. I believe that clients possess the necessary strengths and resources to change and that counseling is most effective when focusing on constructing solutions unique to each client.

**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 the Code of Conduct is available to you upon request. I also adhere to

the Association for Counseling (ACA) and National Board for Certified Counselors (NBCC) code of ethics. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners.

**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 conceivable.

**Emergency Situations:** For after hour emergencies, you can contact me directly at 504-264-2450. If an emergency situation should arise and you cannot reach me you may seek help through your local mobile crisis unit by calling 504-568-3130, your local hospital emergency room facilities or by calling 911.

**Client Responsibilities:** You, the client are a full partner in counseling. Your honesty and effort is essential to success. Clients are expected to be on time for sessions and be forthcoming in the evaluation of progress that is made. If we determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

**Physical Health:** Physical health can be an important factor in 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. Also, please provide me with a list of any medications that you are currently taking.

**Potential Counseling Risk:** The client 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. If this occurs, you should feel free to share concerns with me.

Digital Communication and Technology Agreement: As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize telemental health services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through Doxy.me or VPCare360; each of these platforms are HIPAA compliant and I have signed the required Business Associate Agreement (BAA) with each company.

Please initial here if you agree to the digital communication policy stated above: \_\_\_\_\_

I have read the Declaration of Practices and Procedures of Donneisha Wilson, M.A., NCC, LPC and my signature below indicates my full informed consent to services provided by Donneisha Wilson, M.A., NCC, LPC.

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Client First and Last Name	Email Address
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Client Signature	Date
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*DRW*

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Donneisha Wilson, M.A., NCC, LPC	Date
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Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give my permission for Donneisha Wilson, MA, NCC, LPC conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of Minor)

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Signature of Parent or Legal Guardian	Date
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