



Deatrice M. Green, LPC-S, NCC, Registered Play Therapist Supervisor

Aspire to Empower Counseling Services LLC

Tax ID 46-2854643 • NPI 1700220290

1050 S Jefferson Davis Pkwy. Ste. 209 New Orleans, LA 70125

tel (504) 300-9163 • fax (888) 975-9512

info@aspiretoempower.com

1. **Qualifications:** I earned a M.H.S. degree in Rehabilitation Counseling from Louisiana State University Health and Sciences Center. I am licensed in Louisiana as an LPC (Licensed Professional Counselor), LPC Supervisor and nationally as an NCC (National Certified Counselor).
 - LPC-S # 4294 with Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Baton Rouge, Louisiana 70809, Telephone (225) 765-2515.
 - NCC # 289610 with the National Board for Certified Counselors, 3 Terrace Way, Greensboro, NC 27403, Telephone (336) 547-0607.
 - Registered Play Therapist-Supervisor #S-2084 with the Association for Play Therapy, 3198 Willow Avenue, Suite 110 · Clovis, CA 93612, Telephone (559) 294-2128
2. **Counseling Relationship:** I see counseling as a process in which you, the client, and I, the counselor, work together in an effort to: (a). develop a relationship founded on trust and understanding; (b.) explore and define the issues that led you to seek counseling; so that (c.) you can effectively develop both your life goals and your plans for implementing those goals; and (d.) you can strive towards realizing those goals.
3. **Areas of Focus:** I have a general practice but I am interested in assisting clients through Play Therapy. I am also interested in working with individuals with issues related to mood disorders, parenting and interpersonal relationships—including family counseling, communication, anger management, crisis intervention, trauma, grief and life transition, substance abuse, stress management and issues specific to children and adolescents.
4. **Fee Scales:** Clients are seen by appointment only and fees vary by service type. Session fees will be automatically charged at 12pm on the business day prior to your scheduled appointment time. Cancellations must be made before that time and will only be waived for (1) hospitalizations/illnesses verified by a doctor's note or (2) if we are able to rebook your appointment time. Late cancellation/no-show fees for insured clients are based on the insurer's allowable service charge and insurance companies will not reimburse you for these fees.
 - Initial Consultation for Individual Therapy (55 min) \$130
 - Initial Consultation for Couples/Family Therapy (90 min) \$150
 - Individual Therapy Session (55 min) \$120
 - Couples/Family Therapy Session (90 min) \$150
 - Clinical Supervision (60 min) \$100
5. **Services Offered and Clients Served:** I approach counseling from a humanistic perspective. The focus will be client centered, all while focusing on the client's strengths, and we will be exploring issues, patterns, thoughts, and actions in order to better understand the clients' problems and to develop solutions. Although we will explore the client's past through discussions, I place emphasis on the choices you can make to re-orient yourself to the present. Through this collaborative process, I will provide clarification, encouragement, interpretation and information to facilitate the client's work toward their desired goals. I work with a variety of clients in both individual, dyadic, family and group counseling formats.
6. **Code of Conduct:** As a Counselor, I am required by state 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 on request.
7. **Privileged Communications:** Materials revealed in counseling will remain strictly confidential with the following exceptions:
 - a. The client signs a written release of information indicating informed consent of such release, including that required by health insurance companies.
 - b. The client expresses intent to harm him/herself or someone else.
 - c. There is reasonable suspicion of abuse or neglect of a child, elderly person over the age of 60 or a dependent adult.



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d. A court order is received requiring legal disclosure of information.

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. In the event of couples, marriage or family counseling, material obtained from an adult client individually may be shared with the client’s spouse, partner or other family members only with the client’s permission. Any material obtained from a minor client may be shared with that client’s parents or guardian.

- 8. **Emergency Situations:** When the receptionist is unavailable to answer calls after normal office hours you may leave a message on the answering machine and I will return your call as soon as possible. If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911 or 504-269-2673.
- 9. **Client Responsibilities:** You, the client, are a full partner in counseling. Your honesty, effort and commitment to the counseling process are essential to its success. If as we work together you have suggestions or concerns about the counseling process, I expect you to share those concerns with me as they arise so we can make the necessary adjustments to continue to allow the process to best serve you. If it develops that you may be best served by another mental health provider, I will assist you with the referral process. If you are currently receiving services from another mental health provider, I expect you to inform me of this and to grant me permission to share information with your provider in order to effectively coordinate your services.
- 10. **Physical Health:** Attention to intersections of physical and mental health is an important part of the counseling process and physical health issues may contribute to your emotional well being. If you have not had a physical exam in the last year, it is recommended that you do so and that you provide me with a continuously updated list of any medications you are taking.
- 11. **Potential Counseling Risk:** As the client, you should be aware that counseling poses potential risks. In the course of the counseling process it is possible that additional problems or issues may surface of which you were not initially aware. If this occurs, you should feel free to share those new concerns with me.

12. I have read and understand the above information.

Client Printed Name: _____ Date: _____

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

For minor clients, please provide parental/guardian authorization below:

I, _____ (name), give permission for Deatrice M. Green, LPC-S, NCC to conduct counseling with my _____ (relationship to client), _____ (name of client).

Parent/Guardian Signature: _____ Date: _____