



Palmetto Mental Health
Counseling

INFORMATION FOR MY CLIENTS ABOUT MY PRACTICE

(Professional Disclosure Statement)

I appreciate the opportunity to be of assistance to you. The purpose of this letter is to answer some frequently asked questions about my practice and our relationship, so please read it completely before signing it. As you read it, please make note of any questions that you may have so we can discuss them at our next meeting.

1. My approach to Counseling and Psychotherapy

I embrace an eclectic approach to counseling. My counseling style is Client Centered with a combination of many techniques; some of which include Cognitive Behavioral Therapy (CBT), Rational Emotive Behavior Therapy (REBT), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Mindfulness practices, and others.

Therapy can be a large commitment and choosing the right therapist is extremely important for success. It is my belief that you should be comfortable and feel encouraged by the counselor you choose to work with.

You have the right to ask me about other treatments for you and what the risks and benefits of those treatments might be. If you could benefit from treatments that I am unable to provide, I have an ethical obligation to help you to obtain those treatments. If you wish to have another professional's opinion or to consult with another counselor, I will assist you in finding someone who may be qualified to do so.

Counseling requires your active involvement and efforts in order to change your thinking patterns and behaviors. I will seek your feedback and views on the progression of your therapy.

There may be homework assignments, exercises, psychoeducational handouts, worksheets, record keeping, and other action-oriented goals for you to complete as a part of your therapy. You may have to work on relationships, difficult habits and/or thinking patterns, and make long-term efforts. Change will sometime be quick and easy, but often it will be slow and frustrating. If treatment is not progressing, I cannot ethically continue to keep working with you. I may suggest that you see another mental health professional in addition to or instead of me.

Despite this, you should know that psychotherapy has been repeatedly scientifically demonstrated to be of benefit for most people and in most situations. Benefits might include the lifting of a depression or no longer feeling afraid or angry or anxious. You will have the opportunity to "talk things out" fully and completely until you are satisfied. Relationships and skills may improve dramatically. You may be better able to cope with social or family relationships, and so receive more satisfaction from them. You may better understand your personal goals and values and thus grow as a person and become more mature.

I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available. I will, therefore, enter our relationship with optimism and an eagerness to work with you.

2. Meetings

Appointments are usually in 50 to 55-minute intervals. We will schedule our meetings cooperatively for our mutual convenience.

An appointment is a commitment to our work and a contract between us - we each agree and promise to be here and on time. On occasion, I may not be able to start on time. For this I ask your understanding and assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time scheduled, as it is likely that I have another appointment scheduled after yours.

Your session time is reserved for you. Reality does not always allow us to keep our promises, but a canceled appointment is an interruption in our work, which will delay completing it. I am rarely able to fill a canceled hour unless I have a week's notice. I will make our meetings a first priority and ask you to do the same to keep missed hours to a minimum. If I am not given 24 hours notice prior to cancelling an appointment, I will have to charge you for the lost time unless I am able to fill it.

4. Fees

In any professional relationship, payment for services is an important issue. This is even truer in therapy, where clarity of relationships and responsibilities is one goal of treatment. You are responsible for assuring that services are paid for; this demonstrates your seriousness, sincerity and maturity. My current regular fee for assessment services is \$120 for a 55 minutes session; and therapy services are \$100 per session. For clients who have insurance from a carrier that I do not accept, I will be able to provide you with a 'super bill' that you may submit to your insurance company for possible reimbursement.

I will assume that our agreed-upon financial relationship will continue in effect as long as I provide services or until you inform me that you wish to end it. I will expect you to pay for any services rendered to you until the time our relationship is terminated.

5. Billing, insurance and payments

Unless we have other arrangements, I would greatly prefer that you pay for each session at the beginning of the meeting. Please do not interpret this as any distrust of you or lack of faith in your responsibility and maturity. In my experience, I have found that this arrangement keeps our attention focused on our goals and makes it most productive.

If you have health insurance that may pay a portion of my fee, I will file that claim for you. If you have insurance from a carrier that I am not paneled for, I will provide you an insurance form known as a 'super bill'. However, please bear in mind that you are responsible and not your insurance company, for paying the fees we agreed upon.

7. Contacting me

Out of consideration I usually do not take calls when I am with a client; I will note the call and, as soon as I can, pick up any messages left on my answering machine. My mailing address is 1821 Pickens Street, Columbia, SC 29201. I cannot always be reached by phone immediately, but my work/cell number is (803) 232-5548. If you leave a message, calls are usually returned by the end of that business day. In the event of emergency and if I cannot answer immediately, please leave a voice message and your call will be returned as quickly as possible. In a dire emergency, if you cannot reach me, you might call your personal physician, go the nearest emergency room and ask for the psychiatrist, psychiatric resident or house officer on call, or call the ER at 9-1-1.

8. Confidentiality

I regard the information you share with me with the greatest respect so I want us to be as clear as possible about how it will be handled. In general, I will tell no one what you tell me. The confidentiality of our conversations, including your records, is legally protected by federal and state law, including HIPAA, and by my profession's ethical principles, in all but a few rare circumstances. These are outlined in my handout on Confidentiality and Psychotherapy, which is also being provided to you.

Also, as outlined in my Confidentiality document, communication through electronic communication is generally not secure. By signing this document, you consent to the use of unsecured email and mobile phone text messaging to transmit information relating to scheduling appointments, and information on billing and payment.

9. My way of doing therapy

Each counselor has been taught and has expanded upon a way of doing therapy, where we have developed rules or methods that have worked well. I will be happy to explain or clarify these if you would like more information.

I take notes during sessions and I will often give clients homework assignments to complete between sessions. These can be a crucial component of personal change and if you are willing to fully participate with these tasks, you will maximize your therapy dollars.

10. Your case records

You have the right to review your medical record (see limitations in HIPAA section of Confidentiality handout) in my files at any time, to request additions or corrections, and to obtain copies (with your written permission) for other professionals to use.

SC law also requires that I keep your case records in a secure place for at least 10 years after we last meet or have any contact. (For minors, the law states such records are maintained for at least 13 years).

11. Termination

Termination is inevitable. It should not be done casually, as it can be made a most valuable part of our work. If you would like to take a "vacation" from therapy, we should discuss this so as to make it most productive.

12. Evaluation of treatment

If at any time, you feel dissatisfaction with any aspect of therapy, please discuss your views, reasons, concerns or plans or whatever is troubling you with me as soon as possible so we can resolve the problem.

13. Contact person

If, during our work together there is an emergency or I become concerned about your personal safety or the possibility of your injuring someone else, I am morally and legally obliged to contact the person you identified upon completion of your intake information.

14. My background

Because we all need to know we are in good hands, I indicate my credentials below. If you wish more information on my background or training, please feel free to ask. I am a Licensed Professional Counselor, a National Certified Counselor, a Certified Clinical Mental Health Counselor, a Certified Clinical Trauma Professional, an EMDRIA trained EMDR therapist and have a master's degree in Clinical Mental Health Counseling from South University. I am a member of the American Counseling Association, the International Association of Trauma Professionals, the American Mental Health Counselor Association, and the South Carolina Association of Licensed Professional Counselors.

15. Complaint procedures

If you are dissatisfied with any aspect of my work, please raise your concerns with me immediately. Dissatisfactions will make our working together slower and more difficult if not resolved. If you feel that you have been treated unfairly or even unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the S.C. Board of Examiners (mailing address: PO Box 11329, Columbia, SC 29211; phone number (803) 896-4658) and speak to the Chairperson of the Ethics Committee for clarification or to lodge a complaint. There may be other options that I would be glad to expound upon if you so desire.

16. Additional points

Expert Testimony: It is possible that, if you are married or have children, you may become involved in a divorce or custody dispute. If this occurs, I want you to understand that I do not provide expert testimony in court in these types of cases, and that you should engage a court-appointed child custody evaluator. This decision is based on two reasons: (1) my evaluations will be seen as biased in favor of my client because we have a therapeutic alliance, and (2) because the testimony might negatively affect our therapeutic relationship, and I must put your interests first. In addition, child custody evaluations are quite extensive and involve visits to both caregivers' homes, observing each of them with their children, etc.

Code of Ethics: Like any health care professional, I have an ethical responsibility and am also available to answer professional questions, which you have the right to raise. I fully abide by the Ethical Principles of the American Mental Health Counselor Association and the S.C. Board of Examiners for Licensed Professional Counselors.

Out-of-Office Contact: As a result of our special, professional relationship, one frustration of being a counselor is that I cannot now nor will I ever be your "friend." I will not see you socially or enter into any business or other relationship besides the therapeutic one, no matter how rational or beneficial it may seem at the time. For this reason, my licensure board advises that we not request or accept friend requests on social media sites like Facebook. If we meet on the street or socially, I will minimize our conversation so as not to run any risk of breaching confidentiality in an open environment. I will never introduce you to someone I may be with as "a client". You are welcome to approach me if you wish to, but please know I will not initiate any contact in respect for your privacy. Also, I will never betray your trust, nor could we ever enter into or pursue a sexual relationship, as this would be highly unethical.

Limitations: I am not licensed or trained to practice law, medicine, social work or another profession and am not willing or capable of giving you trustworthy advice from other professional points of view.

Non-Discrimination: In my professional practices, as counselor, consultant and teacher, I do not discriminate in accepting and treating patients, clients, students or others on any of these bases: age,

gender, marital status, race, color, religious beliefs or creed, belief, ancestry, national or ethnic origin, ethnicity, location of residence, physical or mental disability or handicap, veteran status, sexual orientation, health status, having a criminal record unrelated to present dangerousness, or in violation of federal, state or local laws or executive orders. This is both a personal commitment and is made in accordance with federal, state and local laws and regulations. If you believe you have been discriminated against, please bring this matter to my attention immediately.

17. Agreement

I have read (or had read to me) the issues and points stated above, discussed them where I was not clear about those points, had my questions fully answered, and understood and agree to comply with them, I hereby agree to enter into psychotherapy with this counselor.

I truly appreciate the opportunity you have given me to be of professional service to you and am happy to receive your questions, comments, suggestions or concerns at any time.

