

██████████ M.Ed., LPC, MHSP  
Disclosure and Informed Consent Statement for \_\_\_\_\_

**Welcome**

Thank you meeting with me today to explore the possibility of working with me as your counselor. I am honored that you are considering me for this important role in your life.

I want to take this opportunity to provide you with information about the counseling process, my philosophy and background, offices policies, and confidentiality of information.

Please read this information carefully and jot down any questions you may have so that we can discuss them. Should you choose to work with me in the future, I will require that you sign and return this form to me before our next session. An additional copy is attached for you to keep.

One of my goals as a counselor is to help ensure that clients always feel comfortable about working together. I believe communication is the foundation of effective care, so please let me know if you ever have any questions about this information or other matters relevant to your mental health care.

**Disclosure and Informed Consent Statement**

██████████, M.Ed., LPC, MHSP  
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Nashville, Tennessee 12345  
Tel. (615) ██████████  
Fax (615) ██████████

**The Counseling Process**

Simply put, the counseling process aims to help people when they are hurting or in need. Through counseling, clients can gain awareness and understanding of themselves and their lives. This improved awareness and understanding can help clients make decisions and develop new strategies for dealing with challenges. With new skills, clients often report a significant reduction in their feelings of distress, improved well-being, and improved relationships.

Unfortunately, there are no guarantees, and there are potential risks. Risks may include experiencing uncomfortable levels of feelings like sadness, anxiety, anger, frustration, etc., and people may recall unpleasant aspects of their personal history. People also sometimes report feeling worse before feeling better. When people are in individual therapy and start to make positive changes and improvement, on occasion they may change in such a way as to grow apart from their partners or others in their lives. Please know that my preference is for relationships to grow stronger, but remember, it takes two to build a positive relationship.

*Excellent*

**My Philosophy and Background**

I provide psychotherapy services to adults and adolescents in an individual, couple, or family setting. The philosophy of my practice is based on a commitment to my clients and begins with a safe and confidential relationship. As your counselor, I will not “fix” problems, but rather serve as an objective, trained professional who can help you to explore your own feelings, thoughts, and concerns, and perhaps help you to adopt a new perspective on issues. Together, we will clarify issues, and formulate a treatment plan designed to build on strengths and develop additional coping strategies. I use various treatment techniques, including mainly psychodynamic, cognitive-behavioral, and humanistic methods. Regardless of the situation, the work we do together is intended to honor your values and beliefs. Our work together may range from a few sessions to long-term psychotherapy, depending on your needs and interests.

I am a Licensed Professional Counselor (LPC) and Mental Health Service Provider (MHSP) in the state of Tennessee. I earned my Master of Education (M.Ed.) degree in Human Development Counseling from Vanderbilt University (Nashville, Tennessee) in 2008. I earned my Bachelor of Arts (BA) degree, with a double major in Psychology and Spanish, from ██████████ ██████████) in 1997. Prior to entering the field of counseling, I worked for eight years as a business executive in the healthcare industry, an experience which I believe has contributed to my understanding of people.

As an LPC, I do not provide any medication or perform any medical treatments. If medication seems indicated, I maintain close working relationships with a number of physicians and psychiatrists, and I will gladly refer you to these practitioners. Although I typically do not do inpatient work, I do maintain hospital affiliations with several facilities in our area in the event a referral is needed.

**Office Policies**

**Appointments**

**Initial Session**

Our initial (first) session does not indicate an agreement to establish a counselor/client relationship. Our initial session provides an opportunity for you, a prospective client, and I, a licensed professional counselor, to evaluate the possibility of working together. In our initial session, I will want to get to know you, and I will want to get an idea of the specific issues in your life. It is also an opportunity for you to get to know me. Please feel free to ask me any questions so that your decision to work with me or not is as informed as reasonably possible. I generally allow about an hour for an initial session.

If we agree to enter into a counselor/client relationship, we will initial here:

\_\_\_\_\_  
Client's Initials

\_\_\_\_\_  
LPC's Initials

**Office Policies (continued)**

*Previous Treatment*

In our first session, I will ask if you have ever received professional mental health care services in the past. If so, it may be helpful to your treatment for me to review your previous medical records. I will ask you to release your previous mental health care records to me. You have the right not to release previous mental health records to me. If, having reviewed your previous mental health care records or not, I believe treating you is beyond my level of competency, I will discuss my concerns with you, provide pre-termination counseling, suggest alternative service providers as appropriate, and take reasonable steps to facilitate transfer of responsibility to another provider if you need one immediately.

*Subsequent Session(s)*

Subsequent sessions are generally 45 minutes, although extended (90 minute) or shortened (30 minute) appointments are available. Sessions start on time, and will end 15 - 30 minutes before the hour.

*Cancelled, Rescheduled, and Missed Sessions*

If you need to cancel or reschedule an appointment, please give me at least one business-day's notice. You will be expected to pay for missed appointments or late cancellations unless we both agree that you were unable to attend due to circumstances beyond your control. If you have canceled a regularly scheduled appointment, I will assume that you intend to keep your next scheduled session unless you notify me differently.

***Office Hours***

My office hours are Monday through Thursday, 8:00 a.m. until 5:00 p.m. In special circumstances, I may schedule evening or weekend appointments.

***Telephone Calls***

I can be reached at 615-555-1234; however, I am often not immediately available by phone because I do not answer telephone calls when I am with a client. If I am unable to answer my phone, you will reach my answering service and will be able to leave me a message. I strive to return telephone calls between sessions. Generally, I do not believe that the telephone is the best manner to deal with therapy issues; so, if an issue arises between sessions, it may be necessary to schedule an office visit. This will allow for adequate time to address the issue. Only in special circumstances, longer telephone calls may be necessary, in which case you will be billed normal therapy fees.

***Absences***

In the event of my absence, care will be offered and/or provided by a competent colleague who is "on call." If my absence is anticipated, such as a vacation, I will inform all clients with standing appointments before my departure so that we can schedule accordingly. If my absence is unanticipated, such as an emergency or serious illness on my part, either my colleague or I will make every effort to contact all clients to make appropriate arrangements.

***Emergency Situations***

The office telephone number 615-555-1234 is answered 24 hours a day by either my answering service or me. If you have an emergency and I am not in the office, my answering service can usually reach me. If I am unreachable in an emergency situation, my answering service will contact my "on call" colleague. If for any reason during an emergency situation you are unable to reach the office or my colleague "on call," you should go directly to the nearest emergency room.

***Contacting You***

Either I or my "on call" colleague may need to contact you regarding issues such as scheduling or, in rare cases, to check in with you between sessions. If I do not reach you directly and have the option to leave a message with a person or machine that may answer your phone, I generally leave a brief message stating my name and asking you to please return my call. Please initial below if you do NOT authorize me or my "on call" colleague to leave this type of message.

If I do NOT authorize ██████████ or her "on call" colleague to leave a message with a person or machine that may answer my phone, I will initial here. \_\_\_\_\_

Client's Initials

***Professional Fees***

Since initial evaluation appointments require considerably more time and paperwork, I charge \$110.00 for the first appointment. Thereafter, my hourly fee for individual, couples, or family therapy is \$90.00 for sessions lasting 45 minutes; \$180.00 for sessions lasting 90 minutes; and \$45.00 for sessions lasting 30 minutes. If inpatient treatment is provided, fees are billed at the hourly rate of \$90.00. As noted earlier, in special circumstances, longer telephone calls will be billed at normal therapy fees. Also, missed appointments or failure to give adequate notice (at least one business-day) of a cancellation can result in a full session charge. All fees are subject to change, and in the event of fee changes, you will be notified at least 30 days prior to such changes.

***Payment of Fees and Insurance Providers***

You will be expected to pay for each session at the time it is held. I am not a provider on any insurance plans, however if your insurance offers out-of-network coverage, your insurance should cover some percentage of my fee. Most often PPO and POS plans offer out-of-network coverage for psychotherapy service. Please check with your insurer to verify coverage for outpatient mental health services by out-of-network licensed professional counselors.

I provide clients with a statement of services at the end of each month, which can be submitted to their insurance company for reimbursement. In some cases, I will bill the insurance company directly for their portion of payment.

Please be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or, in rare cases, copies of the entire record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Because of the potential for loss of privacy, some clients prefer to make other financial arrangements and not file insurance claims.

***Ending Treatment***

At any time during our work together, you have the right to decide to end treatment, and there is no obligation other than to pay for the services already rendered. If you are thinking about ending therapy, I encourage you to discuss this with me, and if you wish, I will be glad to provide you with the names of other mental health care providers.

**Confidentiality of Information**

***Medical Records***

The laws and standards of my profession require that I keep medical records. I keep two separate types of notes – medical notes and psychotherapy notes. Medical notes include general information about your treatment, such as counseling session start and stop times, the modalities and frequencies of treatment provided, and summary information about your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Psychotherapy notes include documentation or analysis of the contents of conversations during an individual, couples, or family counseling session. Psychotherapy notes are strictly protected and are kept separate from the rest of the client's medical record. If I receive a request and authorization from you, or if I am required by law to release medical records to a third party, I will only release medical notes. I will not release psychotherapy notes to a third party unless required by law to do so.

You are entitled to receive a copy of your records (including medical notes and psychotherapy notes), or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

***Minors***

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. I do keep parents informed of the general progress of our work together. However, because I view protecting the confidentiality of our work together as critical to effective treatment, it is my policy to discourage parents from requiring me to share personal information that you have given to me, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Clients under eighteen years of age, and their parent(s) or legal guardian(s), please initial here to indicate you have been informed of the law and my policy regarding confidentiality of information given to me by the minor.

\_\_\_\_\_  
Client's Initials

\_\_\_\_\_  
Parent(s)/Guardian(s) Initials

\_\_\_\_\_  
Counselor's Initials

### ***Couples and Families***

Information revealed in marital therapy is protected by privileged communication in Tennessee and requires permission of both to waive. When working with couples, I adopt a "no secrets" rule. That is, should I speak individually with either party (via telephone, for example), I reserve the right to disclose any information to the other party if I believe such information is relevant to the therapy process. If I am seeing one person as an individual client and the couple decides to pursue couples counseling, I generally will refer the couple to another counselor, so as to avoid a bias or dual relationship on my part.

When a family is confronted by parental separation or divorce, it is very hard on everyone. It is important then when working as a couple, each person feels safe to speak openly and honestly, without fears that material revealed in therapy will be revealed in court and used in a negative fashion. In order to provide a safe environment for couples and family work, it is important that you agree not to call me as witness or to attempt to subpoena records in the event you choose to pursue divorce. While a judge may overrule this agreement and issue a court order for information, your signature(s) below reflect your agreement not call me as a witness nor attempt to subpoena counseling records.

### ***Exceptions to Confidentiality***

In general, the law protects the privacy of all communications between clients and myself, and I can only release information about our work to others with your written permission. However, there are a few exceptions, which are described below:

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate state agency.

If I believe that you, as my client, are threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.

If you, as my client, threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection.

These situations are rare. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

In the event that it is necessary for you to be treated by a competent colleague on an "on call" basis, that colleague will have access to any information or records of your treatment with me.

\_\_\_\_\_, M.Ed., LPC, MHSP  
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Finally, I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client's Signature and Date

\_\_\_\_\_  
If Client is a Minor, Parent or Guardian's  
Signature and Date

\_\_\_\_\_, M.Ed., LPC, MHSP  
Signature and Date