

Disclosure Statement Elements

1. Who you are:
 - a. Name
 - b. Highest relevant degree
 - c. Employment/school relationship
 - i. "I am an employee of the Dept. of ..."
 - ii. "I am a graduate student of VU and a practicum student at [placement]"
 - d. Area of specialization, if any.
2. Confidentiality and its limits (if you do group/family/marital include a statement about this)
3. Treatment method and expectations
4. Financial issues (fees, collections, co-pay, cancellation policy)
5. Hours of operation, Contact methods and Emergency contact information
6. Supervision issues (taping, name of supervisor, their contact information)
7. Record keeping (policy of release of information, length of record keeping)
8. Some disclosure statements include a "Client Rights" section
9. Many use this Disclosure statement as a contract and include signature lines for both client and therapist

Melissa Thompson, 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

Melissa Thompson, M.Ed., LPC, MHSP
123 Main Street
Nashville, Tennessee 12345
Tel. (615) 555-1234
Fax (615) 555-5678

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.

Feedback

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 St. Louis University (St. Louis, Missouri) 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.

Melissa Thompson, M.Ed., LPC, MHSP
Disclosure and Informed Consent Statement for _____

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 Melissa Thompson 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.

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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.

Melissa Thompson, M.Ed., LPC, MHSP
Disclosure and Informed Consent Statement for _____

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

Melissa Thompson, M.Ed., LPC, MHSP
Signature and Date

Amanda Chiavini, M.Ed.

Licensed Professional Counselor

Mailing Address:

865 Bellevue Road

Nashville, TN 37221

Phone: 615.613.5278.

Fax: 615.613.5377

Email: amanda.r.chiavini@counseling.net

Disclosure of Information, Policies, and Client Agreement

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED PRIOR TO ONSET OF SERVICES. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

This disclosure statement contains the policies and procedures of services provided by Amanda Chiavini and is HIPAA compliant. No medical or psychotherapeutic information, or any other information related to your privacy, will be revealed without your permission unless mandated by Tennessee law. You, as a client, may revoke your consent to treatment, release of confidential information, or disclosure in writing at any time during psychotherapy.

MY TRAINING AND APPROACH TO PSYCHOTHERAPY

I have a Masters of Education in Human Development Counseling (2008) from Vanderbilt University, with an emphasis in community counseling. I have worked with adults, seniors, and families in hospitals and nursing care facilities. I am specialized in end of life issues, terminal illness, caregiving, bereavement, grief and loss. If at any time you present an issue outside of my areas of competence, I will provide you with the names of other counselors that can help you with those issues or obtain consultation with a counselor that specializes in that area during our work together.

I work primarily from a humanistic approach, although narrative, remembrance, and cognitive behavioral therapies also influence my approach. I regard both current issues as well as historical information, especially family of origin history, as important in treatment planning. I work with thoughts, feelings and behaviors in doing this work. Relationship issues (with partners, children, parents, siblings, or friends) are given attention. I take an active role in psychotherapy by sharing observations, giving feedback, supporting and challenging behaviors or ideas, and assigning homework when I believe it will be useful.

Spirituality and religious beliefs may play an important role when working with end of life issues. I respect your religious and spiritual beliefs and differences. I feel very comfortable if you choose to include these in your therapy session. I also respect your right not to include this aspect of your life in your session. Please feel free to discuss this subject with me.

Each course of treatment is unique to those who participate in it. Thus, your experience in psychotherapy is a blend of what you and I do together. Although many people find psychotherapy helpful, it requires a good deal of work on the part of the client. It is a process that requires self-reflection and commitment. There may be times when we work on subjects that are painful for you to discuss. The reactions that you have within the therapeutic relationship are important to our work and I welcome your feedback and suggestions throughout the process.

Good!

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CLIENT RIGHTS

Termination: You have the right to decide whether or not to work with me as your therapist. If you wish, I can provide you with the names of other qualified therapists. You have the right to end therapy at any time for any reason without any legal or moral obligation. You also have the right at any time to ask questions about the course of therapy and my particular methods of treatment, please do not hesitate to ask.

Therapeutic relationship: The therapeutic relationship is unique in its level of intimacy and trust. We will work together to build that relationship. However, in a professional relationship (such as psychotherapy), sexual intimacy between a client and therapist is never appropriate. You have the right to feel safe in the therapeutic relationship.

Records: A record of the mental health care provided to you is kept by me. You may ask to see and have a copy of that record. I will not disclose your record to others unless you direct me to do so, or unless the law authorizes or compels me to do so. Please let me know if you wish to see your record or have questions about it.

If I am seeing you in joint sessions with other family members, I will need the written agreement of all family members over the age of 13 years before I will be able to release any records to family members or unless compelled by law.

Confidentiality: The information shared during your counseling sessions is legally confidential, meaning that it will not be shared with any person outside of your therapeutic relationship without your consent, in the absence of an exception outlined below.

However, there are legal exceptions to the general rule of legal confidentiality. These legal exceptions include: intent to harm others or yourself; abuse or suspected abuse of children, and the abuse of the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody, divorce and other court cases. In the case of harm to yourself or someone else, I am legally obligated to report such information to the appropriate authorities. In the event of such reporting, I will release the least amount of information that is sufficient to protect yourself or others. If any of these legal exception arise within our therapy work, I will notify you and I will take the appropriate action.

In couples or family counseling, I hold a "NO SECRETS" policy. All members of the couple or family system are treated equally and "secrets" are not kept that require differential or discriminatory treatment of family members. Therefore, any information shared in individual therapy MUST be also shared in couple or family therapy to insure this "NO SECRETS" policy. Signing this disclosure statement affirms permission to share this confidential information.

In the case of emergency that affects my ability to continue services, I have arranged for a colleague of mine, Cassandra Driver, M. Ed., LPC, to receive a copy of my psychotherapy notes and your contact information. You will have the option to continue your services with her or be provided with appropriate referral information for other therapists available.

In order to maintain your privacy, I need to know how you would like to be contacted:
(Please circle appropriate response)

Home Phone Yes No If yes, would you like me to leave a message? Yes No
Work Phone Yes No If yes, would you like me to leave a message? Yes No
Would you like to receive any correspondence through the mail? Yes No

FEES AND FINANCIAL INFORMATION

Fee Rate: The standard fee is \$85 per 50 minute session.

Cancellation and Missed Appointment Policy: You are asked to cancel any appointments at least 24 hours in advance. If you are unable to cancel the appointment 24 hours ahead I will charge **\$50 for late cancellation** unless we can mutually agree on an appointment during the same week. If you miss an appointment without notifying me I will charge my full fee. It is important for you, the client, to recognize that when you make an appointment, I am reserving that time for you. If you are late, that cuts down on your therapy time. If you miss an appointment, that is time that could have been scheduled for another client. Therefore it is necessary for me to charge for appointments where I have not been given 24 hours cancellation notice. If you do need to cancel, I appreciate as much notice as possible so that someone else who may be waiting for a cancellation can arrange to come in.

Payment Options: I accept payment for services from insurance companies, HMO, third party payors, or private pay by the client. If you choose to use an insurance company for payment, please understand that they frequently require diagnosis codes and reports of the content of our therapy sessions. I have no control over what your insurance company requires as far as counseling records or chooses to do with this information after I submit records or reports. I encourage you to contact your insurance company if you have questions about what records they may or not request of me and what implications they may have for your future health care needs.

AS A PSYCHOTHERAPY CLIENT I UNDERSTAND THAT:

- 1) I understand that there may be times when Amanda Chiavini may need to consult with a colleague or another professional, like an attorney, about issues raised by me in therapy. My confidentiality is still protected during consultation by Amanda Chiavini and the professional consulted. Signing this disclosure statement gives Amanda Chiavini permission to consult as needed to provide professional services to me as a client.
- 2) I understand that Amanda Chiavini provides non-emergency psychotherapeutic services by scheduled appointment. If Amanda Chiavini believes my psychotherapeutic issues are above her or level of competence, or outside her scope of practice, she is legally required to refer, terminate, or consult. If, for any reason, I am unable to contact Amanda Chiavini by telephone, (615) 613-5278, and I am having a true emergency, I will call 911, the Crisis Hotline (TN Suicide Prevention Network Crisis Line (615) 244-7444 or TN Statewide Hotline 1-800-372-0693), or check myself into the nearest hospital emergency room.
- 3) I understand that there are limits to legal confidentiality. These legal exceptions include: intent to harm others or myself; abuse or suspected abuse of children, and the abuse of the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody, divorce and other court cases. I understand that if I have any questions or would like additional information, I may feel free to ask during the initial session and any time during the psychotherapy process.
- 4) I understand that I am legally responsible for payment for my psychotherapy services, if, for any reason, my insurance company, HMO, third-party payor, etc. does not compensate Amanda Chiavini. I also understand that signing this form gives permission to Amanda Chiavini to

communicate with my insurance company, HMO, third-party payor or anyone connected to my psychotherapy funding source.

5) I understand that this form is compliant with HIPAA regulations and no medical or no psychotherapeutic information, or other information related to my privacy, will be released without permission unless mandated by Tennessee law. Consistent with HIPAA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date.

I have read the preceding information and understand my rights as a client. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. This disclosure statement will be automatically revoked one year after signing in compliance with HIPAA guidelines.

Client Signature	Date
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Amanda Chiavini, M. Ed., LPC	Date
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PROFESSIONAL DISCLOSURE STATEMENT AND INFORMED CONSENT

Kelly M. Caggiano
Rape & Sexual Abuse Center
25 Lindsley Avenue
Nashville, TN 37210
Phone: 615-259-9055

Professional Disclosure Statement

Counseling is a process. It can be conducted in many different ways depending on the style of the counselor. Before we begin, I want to take this opportunity to make sure that you understand your rights and responsibilities as a client, as well as understanding my role as your counselor. I hope that our relationship will be a positive one for you and that I can effectively help you on your path to healing.

Professional Qualifications: I am a graduate student in the Human Development and Counseling program at Vanderbilt University working towards the completion of a master's degree. Through my education and training, I am qualified to work with you under the supervision of a licensed clinical supervisor. I will share with my supervisor information regarding your case, including diagnosis and treatment. My education has prepared me to counsel individuals (children, adolescents, and adults), groups, parents, and families.

Experience: In my master's program and under supervision, I have counseled children and adolescents in the school system and children, adolescents, and adults working through rape and sexual abuse issues.

Nature of Counseling: Healing and becoming a survivor is a conscious choice. It is choosing life and all that your life or your child's life was meant to be. This happens by walking the path of healing through therapy. Counseling can provide the opportunity for healing and growth in the context of a safe, supportive, and therapeutic relationship. This can sometimes be a slow and difficult process. The theories that I will use in working with you are Person-Centered and Cognitive-Behavioral Therapy. This means that I will work to build and maintain a relationship with you based on trust, respect, compassion, genuineness, and connectedness. We will be working together toward the goal of empowerment.

Informed Consent

Counseling Relationship

During the time that we work together, we will usually meet weekly for 45-50 minute sessions. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to the counseling sessions that you arrange with me except in the case of an emergency. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or

ask me to relate to you in any other way than in the professional context of the counseling sessions. The therapeutic relationship will be the most beneficial to you if our time together is focused exclusively on your goals and concerns.

Effects of Counseling

Counseling can be a very difficult process. I expect that you will benefit and grow from the experience, but there is no guarantee. Counseling involves personal exploration that may lead to changes in the way you view and make decisions about things in your life. Counseling can affect your significant relationships, job, and understanding of yourself. While I anticipate many of these changes to be positive, they can also be stressful. I want you to feel free to talk to me about the positive or negative effects. This process is about you and for you, and I want to work with you to achieve the best possible results.

Client Rights

The healing process varies for each individual. Some clients may need only a few sessions while others may need several months or years of counseling. Throughout the course of your treatment, I will bring in many different counseling techniques and suggestions. You have the right to discuss, modify, or refuse any of these. At any time and for any reason, you also have the right to end our counseling relationship (although I would request a termination session to bring closure to our work). Counseling is a voluntary act, and you are in complete control.

Cancellation

Your session is reserved for you. Individual therapy sessions last approximately 45 to 50 minutes from the time they are scheduled. In order to best meet the needs of all my clients, sessions may not be extended if you happen to arrive late. Extra sessions and telephone counseling can be arranged in times of crisis.

Consistent attendance is very important to the therapeutic process. If you are not able to attend a scheduled session, please let me know within 24 hours. If you miss more than two consecutive appointments, I reserve the right to terminate our counseling relationship and provide you with a suitable referral.

Referrals

I recognize that I may not be able to provide the best possible treatment for every condition that a client may have. In the case that you or I believe there may be a better treatment, we will discuss alternative services and referrals.

Emergencies

In the event of an emergency, I can be reached during business hours at (615)259-9055 ext. 531. Since I am not usually available directly, my voice mail will take your message. I will return your call as soon as I am able. You may also try to reach my supervisor

Rachel Freeman at (615)259-9055 ext. 238. If you need immediate attention and I or my supervisor are unavailable, please call the 24-Hour Crisis Line at (800) 879-1999 (24 hours, 7 days a week).

Fees

The Rape & Sexual Abuse Center is a non-profit organization with many different payment alternatives. A member of our financial department will explore appropriate payment options.

Records and Confidentiality

I will keep records of all of our communication. These records (such as session notes) are my property, but you have a right to view or obtain the information within your file. Adult client records are disposed of seven years after termination of the counseling relationship. Records of minor children are disposed of seven years after the client's 18th birthday.

I will keep everything that you say to me in the strictest confidence except in the following situations:

- (1) You provide me with your consent to release information;
- (2) I have reasonable suspicion that you are a threat to yourself or someone else;
- (3) You disclose abuse or neglect of a child, elderly, or disabled person;
- (4) You disclose sexual contact with another mental health professional;
- (5) I am ordered by the court to disclose information; or
- (6) I am otherwise required by law to release information.

If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

I look forward to working with you and hope to make your counseling experience a positive one of growth and empowerment. Please feel free to ask me to explain further or answer any additional questions that you may have. Your signature below confirms your commitment to healing and indicates that you have read and understood this statement. My signature indicates my commitment to your therapy in a professional manner consistent with accepted legal and ethical standards.

Client Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____