



Charleston Clinical Counseling Professional Disclosure Statement (1 of 4)

Welcome to Charleston Clinical Counseling. It is a privilege to work with you through this process. Please take a moment to read through the information below as it explains office procedures and provides additional counseling information. I will be asking you to sign the Acknowledgment of Professional Disclosure Statement (on page 4) to indicate your understanding and willingness to abide by these policies.

The Therapeutic Process:

During your initial sessions, I will work to understand the nature of your therapy needs, concerns, and goals. If as a result of our consultations, it appears that counseling/psychotherapy might be helpful to address your concerns, then together we can determine your treatment plan. If I am unable to meet your therapeutic needs (based on scheduling availability or specific skill set), I will be happy to provide appropriate referrals. I typically encourage that we meet more often during the beginning of the therapeutic process and less often as you become more comfortable with skills gained and progress made. Most clients begin with weekly sessions and then shift to bi-weekly once they feel more comfortable with managing their symptoms; however, scheduling is on an individual basis and all aspects of the client's treatment are considered (schedules, availability, finances, etc.) I will be happy to work with you to generate a schedule that balances your therapeutic needs and your life.

There are both risks and benefits involved in the therapeutic process. At times, you may experience discomfort as you address painful memories or present realities. You will also likely benefit from exploring your life in a non-judgmental and safe environment. Over time, your insight will improve, and you will develop better coping skills to address the issues presented. There are no guarantees of what you will experience during therapy, but psychotherapy is proven to be beneficial to most people.

Confidentiality:

Our communications and your record are protected under federal and state law, including HIPAA (Health Insurance Portability and Accountability Act). Everything discussed during the therapeutic process stays between us, maintaining confidentiality. *Under the law, there are a few situations that would require me to break confidentiality: disclosure of child, elder, or vulnerable adult abuse/neglect, intent to harm another identified person or yourself, and a court order issued by a judge. If during therapy there is an emergency or I become concerned about your personal safety, I am obligated to contact the person you identified as your emergency contact on the Client Information Form.* Please update me of any changes to this information. As a professional counselor, I may also consult with another professionally competent counselor to ensure you are receiving the most beneficial treatment.

South Carolina law requires that I keep your case records in a secure place for at least 10 years after our last session or contact.



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Emergencies:

I do not provide formal emergency services. If you call outside of our scheduled session and leave a message, I will return your call as soon as possible as I do not answer my phone during sessions or in a public setting that could compromise your confidentiality. Text messaging is not a reliable form of communication. While I offer texting to my clients as an easy form of communication to discuss appointment time/dates and attendance, it should not and will not be used for therapy. Please do not utilize text in this way as I am unable to be always available. *If you are in a crisis or an emergency situation, call 911 or, if you are able, go to the nearest emergency room. Additionally, Mobile Crisis assessment services can be reached at (843) 414- 2350. Also, HOTLINE (a 24-hour counseling and information line) can be reached by dialing 211.* Once in a safe environment, I ask that you contact me to provide that information.

Appointments/Fee Schedule:

Our initial session is a diagnostic assessment and is typically 1 hour and 15 minutes in length, and the charge is \$150. Following individual therapy sessions are typically fifty minutes in length, and the charge is \$125. All couple's sessions are charged at a rate of \$150. I accept cash, check and major credit cards. I also accept BlueCross BlueShield insurance plans. Payment is expected after each session unless otherwise discussed. Please make all checks payable to "Charleston Clinical Counseling."

I require a 24-hour notice for cancellations/rescheduling. Your time is important to me so I will work hard to begin and end sessions promptly. I do not schedule more than one individual per appointment, so the time we have decided upon is dedicated to you. If you are late for a session, we may be unable to meet for the full time as there may be an appointment immediately following yours. *Cancellations without 24-hour notice will acquire a \$60 cancellation fee, except in the case of an emergency. For "no-call, no-show" appointments or appointments cancelled within the hour of our arranged meeting time, the full individual therapy session fee will be charged as I am unable to see another client in need when sufficient notice is not given. Beginning with the third cancellation, all cancellations/reschedules within 24-hours of the appointment will be charged at the full session fee.* Payment is due when services are rendered and cancellation fees must be paid before our next session. All clients are asked to provide a credit card to be kept on file and utilized for payment. The card provided will be used for balances or fees unless otherwise discussed.

Court appearances are charged at a rate of \$300 per hour. This includes time spent in court, preparing for court proceedings and travel time. This should be paid by the party who issues the subpoena; however, is the ultimate responsibility of the client.



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For paperwork that cannot be completed within session, there is a rate of \$60/hour.

Additional Information:

Out of office contact: If we are to encounter one another in a social setting, it is your choice if you choose to acknowledge me. If you choose not to do so, I will avoid/minimize conversation in an effort to protect your confidentiality.

Dual-Relationships: As a professional counselor, I will not engage in relationships with clients outside of the therapeutic relationship. This includes avoiding involvement in personal, social, organizational, financial or political activities when possible. I also will not be physically, sexually or romantically intimate with clients. I am also unable to accept gifts from clients.

Private Practitioner: All professionals located at 745 Johnnie Dodds Boulevard, Mount Pleasant are independent practitioners with no legal or professional affiliations among them.

Social media: Charleston Clinical Counseling has a Facebook and Twitter account which you are welcome to “Like” or follow. You may find interesting resources or articles on these sites; however, these documents are not intended to replace therapy. As a professional, I am not allowed to “Friend” you through my personal account. Private messages should never be used to communicate, especially in a crisis, as they are not actively monitored.

My Background:

I am a Licensed Professional Counselor (LPC) as well a Licensed Addictions Counselor (LAC). I have a Bachelor’s degree in Psychology with a minor in Legal Studies from Clemson University. I also have a Master’s degree in Clinical Counseling from The Citadel. I have provided therapeutic services in a variety of settings including a psychiatric hospital, alcohol and drug therapeutic facilities, a college counseling center and a domestic violence shelter for women and children, and I have been in private practice since 2014. I attend Continuing Education trainings throughout the year to ensure that my practice is kept up-to-date and all methods/modalities are empirically supported.



Acknowledgement of Professional Disclosure Statement

I have read (or had read to me) and discussed the Professional Disclosure Statement. I understand the information provided to me and had all questions addressed appropriately. I agree to comply with these policies as I enter into therapy with Charleston Clinical Counseling as indicated by my signature below.

Printed Name

Client Signature

Today's Date

Client #2 Printed Name if applicable
(or Legal Guardian)

Client #2 Signature if applicable
(or Legal Guardian)

Today's Date

As the clinician, I find no reason to believe that the client listed above is not fully competent to give full consent to treatment. I have informed the client of the Professional Disclosure Statement and have responded to any questions and concerns. I agree to enter into psychotherapy with this client as is indicated by my signature below.

Therapist's Signature

Today's Date