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410-370-6764

STATEMENT OF PROFESSIONAL DISCLOSURE

This statement has been prepared to furnish you with important information regarding my work with you. I am required by law to provide you with information about my professional credentials. I am licensed to practice counseling/psychotherapy as a Licensed Clinical Professional Counselor (LCPC) by the State of Maryland. My license number is LCO486. I will be pleased to discuss this information with you and/or furnish you with a web address, upon request, related to the "Rules of Professional Conduct" (Code of Ethics) which I subscribe to as a licensed mental health clinician.

CONFIDENTIALITY

When I provide counseling/psychotherapy services for you, all information is kept confidential and will not be released without your prior consent. There are, however, special circumstances under which confidential information could be revealed. These situations, include, but may not be limited to the following:

1. A "duty to warn" law that requires a clinician to breach confidentiality when that person determines that an imminent harm or danger, (e.g. suicide or homicide) exists to the client and/or others.
2. When a court of law orders a client's record a clinician can be ordered to give testimony and present written documentation of a client record during a court proceeding.
3. If clinical information indicates the possibility that a child has been or is the victim of a crime (e.g. child abuse) as determined by the therapist.
4. When you and/or a legal guardian request that information from your clinical record be released to another professional and sign a form allowing it to be given.
5. You and/or a legal guardian automatically release your clinical record if legal or ethical charges are brought against this practice.

APPOINTMENTS

All of the services provided by this practice are scheduled by appointment. The length of our appointment time varies depending upon the type of service agreement (e.g. therapy, couples evaluation) we decide upon. The time allotted for the particular service you choose will be specified in our agreement and discussed during our initial visit. It is important to note that because appointment times are reserved in advance for you and I cannot offer the time scheduled for you to other clients, appointments not cancelled 24 hours in advance, are charged at the normal hourly rate.

COMMUNICATION

As your therapist, I am committed to your personal development and intend on being an active participant in our collaborative effort toward generating the changes you seek in your life. As a part of this commitment, I am available to my clients outside regularly scheduled appointment times in the following context. During normal business hours, please call **(410) 370-6764** and leave a message for me in my private voice mail. You may leave your name and where you can be reached and a short message. I will return your call within 24 hours. If you are scheduling, changing, or canceling an appointment, you may also contact me via text message or through email: mira@wellspringhealingarts.org

If you have a psychiatric emergency, please go to the nearest emergency room.

PSYCHOTHERAPY

I value the opportunity to work with you and consider the role you allow me to fulfill a privilege. It is an important role that I take seriously and there are some requests that I would like to make in order to support our professional relationship. My intention is that we collaborate in creating an optimal relationship that will be conducive to your optimal care and benefit and helps you to achieve your goals.

First, there are some considerations for you to think about. For most people, counseling/therapy is of tremendous benefit. The process is often powerful and stimulating. However, there may be risks including the experience of uncomfortable and strong feelings such as sadness, anger, hurt, fear, guilt or anxiety. It is important to know that these emotions are usually a normal and natural part of the process and a sign that change is occurring. Other risks of counseling/therapy might include: recalling unpleasant life events, facing unpleasant thoughts and feelings, increased awareness of core beliefs, values and personality traits and re-evaluation of long held assumptions about oneself, the world and others. In therapy/counseling, major life decisions are often made including: decisions about marriage, separation, & divorce, ending or beginning relationships, changes in employment or occupation and major lifestyle changes. These decisions are a legitimate outcome of this process. As your counselor/therapist I will be available to discuss, evaluate and process your experiences that arise in our work together.

I request that if you have any concerns, need clarification about a recommendation that I have made or need support in assimilating something we have worked on, that you bring this to my attention as soon as you become aware of it and allow us the opportunity to resolve it together, thus, remain focused on your outcomes.

FEES FOR SERVICES PROVIDED

My experience is that the counseling/therapy process is most effective when issues of compensation for services are clearly discussed and understood prior to the beginning of our working together. The charges for my professional services are based on the usual, customary and reasonable fees that are competitive in this area. **I request payment for services either prior to, or at the time the services are provided.** You may pay with cash, check, or credit card at the time of our session. **Checks that do not clear the bank due to insufficient funds will be charged an additional $40.00 fee.** This method for conducting my practice allows me to maintain my present rates without significant increases. Each client is responsible for the full payment of their fees unless prior arrangements are made. I welcome you to discuss fees and related issues at any time during our work together. It is my experience that clear communication about these issues prevents them from becoming problematic.

Fee Schedule for Services

Individual and Couples Counseling (50 minutes)……..……..……..….$140.00
Individual and Couples Counseling (85 minutes)……..……..……..….$195.00
Phone Consultation Over 10 Minutes (11-30 min.) ……..……..…..…$70.00
Returned Check Fee……...…..$40.00
Report Writing, Disability and other Forms/Hour …….……$140.00
In-Network Insurance…….As negotiated by my contract as a Professional Provider
Retreats…….Fee is negotiated contingent upon contracted time
Professional Classes and Seminars……..…...…….……Negotiated

INSURANCE

Your health insurance may reimburse you for some or all of my services. Please contact your insurance carrier directly and ask them what your specific plan will include for mental health coverage. If I am not a network provider, your payment for my fee is due at the time of our session and you file your insurance forms directly to your carrier. I will gladly assist you in providing payment documentation for that purpose. Any problems regarding insurance reimbursement must be negotiated between the client and their respective insurance company. Also, be aware that filing such claims does not assure that your confidentiality will be kept from within the medical records system. Your insurance company will require a diagnosis and treatment information prior to reimbursing you. I will release that information only with your written permission. If you have any questions about this please discuss these with me at our initial meeting.

I welcome you to my practice and look forward to establishing a productive working relationship with you. Thank you, in advance, for the privilege of serving you at this time in your life. If you have any questions or concerns about any of these issues please bring them to my attention when we meet at our first session.

I have received and understand the information about professional credentials, informed consent and fees.

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Client Name Date Client Signature