

New Client Information Policy Statement and Informed Consent for Treatment

Pathways Pastoral Counseling
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Professional Disclosure Statement

Hours of operation

Monday through Thursday: 10am-6pm, by appointment only.
Friday 10am-12pm, by appointment only
Hours and days are subject to change.

Professional and Educational Qualifications

MDiv in Theology from Erskine Theological Seminary, CAS from Columbia Theological Seminary, PhD in Ministry from Andersonville Theological Seminary, EdS in Marriage and Family Therapy from Converse College, Ordained Presbyterian (USA) Minister, Licensed Marriage and Family Therapist, Clinical member of The American Association of Marriage and Family Therapy, Pastoral Care Specialist from the American Association of Pastoral Counselors. Diplomate from the American Psychotherapy Association. Diplomate in Logotherapy from the Viktor Frankl Institute.

General Information:

As a SC Licensed Marriage and Family Therapist #4481 and Pastoral Counselor, my area of training is the systemic treatment of individuals, couples, and families including sensitivity to your religious beliefs and faith perspective. The systemic approach to therapy takes into consideration all immediate family members in family therapy session. I, along with you, will decide which family members (if any) need to be included into therapy. The outcome of therapy is usually better for you, the client, if various goals can be established together, during the course of therapy.

Therapy naturally involves activities such as identifying emotions and revealing secrets. There may be risks associated with your disclosures to other family members or other family member's disclosures during the course of therapy, as well as exploration of issues. Decisions to disclose will be made by you except where mandated by law. It is expected that some uneasiness or painful emotions may occur, as you are involved in therapy. Discussing painful issues will naturally create discomfort. Your participation in therapy is essential towards helping you address your concerns. The Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-educational Specialists requires that clients be informed that all forms of dual relationships such as business ventures and sexual intimacy are prohibited.

Please be aware that there is a higher incidence of divorce if only one partner in a relationship is involved in marital therapy. It is also important that you understand there is no guarantee all of your concerns/issues/problems, etc. will be successfully resolved. I cannot guarantee outcomes. The outcomes may vary from your expectations. You may discontinue participation in therapy at any time, but please inform your therapist when you wish to discontinue. If at any time you are not satisfied with the course of the therapy, please discuss this concern with your therapist. Therapy is about **you** and at Pathways Pastoral Counseling we want you to be **very** satisfied with the outcome of your therapeutic experience.

Appointments and fees:

Appointments are scheduled with your therapist. Appointments are **50 minutes** each. The fee for counseling services is **\$120 per 50 minute session**. It is customary to pay professional fees at the time of service. For those who wish to use insurance, your fee will be determined upon my contracted rate with your insurance company and any co-insurance/co-payments/deductibles that must be met. You are responsible for payment of any services not covered by your insurance company. You may pay by cash or check. *Make checks payable to:* Pathways Pastoral Counseling.

Cancellation of Appointments Policy:

If an appointment is missed or canceled with **less than 24 hours notice**, you will be charged for that session. We would prefer that you give us at least 48 hour notice of cancellation so that we might schedule someone else in that appointment time. Because Pathways Pastoral Counseling does not believe in using a collections service, a regular session fee will be assessed from failure to cancel within the 24 hour notice. This policy applies regardless if you are using insurance or self-pay. Each client gets 1 grace time to this policy per year.

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Insurance and Other Third-Party Payments: If you wish to use insurance or other third-party coverage (e.g., a managed care organization or employee assistance program) to pay for therapy, you are responsible for providing Pathways Pastoral Counseling with accurate and complete information. Some companies require pre-authorization prior to counseling services rendered. You are responsible for knowing your healthcare policy and provisions. Pathways Pastoral Counseling does not guarantee that your insurance or other coverage will pay your claim. You are responsible for the account balance and for deductibles and co-payments required by your insurance or third-party payer. You are responsible for payment of services not covered by your mental/behavioral healthcare insurance company, if you choose such services (e.g. marriage counseling or family counseling services if your insurance company does not cover such services).

You should be aware that your contract with your health insurance company requires that Pathways Pastoral Counseling provide the company with information relevant to the services you receive. ***At a minimum, we are required to provide a clinical diagnosis.*** Some companies require additional information such as treatment plans, summaries, or copies of your entire clinical record. We make every effort to release only the minimum information necessary for the purpose requested. This information will become a part of the insurance company files. Though all insurance companies claim to keep such information confidential, we have no control over what they do with your private information once it has been released to them.

Your therapist is an **In-Network Provider** of the following insurance companies: **The State Health Plan, Planned Administrators, Federal Employees Program, APS, Blue Cross Blue Shield, Blue Choice, and Aetna.** For all others, I would be considered an out-of-network provider.

Legal Proceedings: Your therapist at Pathways Pastoral Counseling does not provide testimony in legal proceedings. Because I am an ordained minister I can provide two levels of confidentiality privilege: counselor/client and clergy/client privilege. However, if you choose to subpoena your therapist, you agree to pay for any required preparation time, for your therapist's time out of the office, and for travel at a charge of \$175/hour.

Emergencies: Pathways Pastoral Counseling does not provide on-call 24 hour "emergency services." Regular clients may request a session by phone. Phone sessions are billed according to a regular session fee, either insurance or self-pay. After-hours messages can be left on your therapist's voice-mail system but these messages may not be reviewed until the next business day.

Confidentiality:

Confidentiality is the foundation for counseling and therapy. Developing trust and confidence in those who listen and help you is paramount to a successful therapeutic experience. Shared personal information is strictly confidential and will not be revealed unless you, or a parent in the case of a child less than 18 years old, give specific written authorization to release information. Please note the **Notice of Privacy Practices** that is in the waiting area. Copies are available for request. I am permitted by law to confer with other healthcare practitioners without your consent for purposes of supervision if I determine I am in need of such additional assistance in treating you, the client. Please know that in any such circumstances your name or personal identity is not disclosed.

Exceptions to Confidentiality (Duty to Warn):

Although shared personal information is confidential there are exceptions to these confidences for current clients in therapy such as: (1) Suicidal threats or attempts. (2) To prevent a clear and immediate danger to another person. (3) Suspected child abuse or neglect. (4) Suspected abuse or neglect of a vulnerable adult. (5) If it is determined that you are in need of hospitalization. (6) Or otherwise mandated or allowed by law or ethical codes for which I am responsible. I am subject to subpoena.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND GIVE CONSENT FOR TREATMENT.

Client(s) Signature

Date