

New Client Information Policy Statement and Informed Consent for Treatment

Pathways Pastoral Counseling
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Spartanburg, SC 29307
(864) 542-3019

Professional Disclosure Statement

Hours of operation

Monday through Thursday: 9am-3pm, by appointment only.
Friday 10am-12pm, by appointment only
Hours and days are subject to change.

Professional and Educational Qualifications

Master of Divinity in Theology from Erskine Theological Seminary, Certificate of Advanced Studies from Columbia Theological Seminary, Educational Specialist in Marriage and Family Therapy from Converse College, Doctorate of Psychology from the Graduate Theological Foundation, Ordained Presbyterian (USA) Minister, Licensed Marriage and Family Therapist in SC #4481, Clinical Fellow of The American Association of Marriage and Family Therapy, Pastoral Care Specialist from the American Association of Pastoral Counselors, Diplomate in Logotherapy from the Viktor Frankl Institute of Logotherapy and Diplomate from the American Psychotherapy Association.

General Information:

As a **Marriage and Family Therapist** 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. If you are requesting Pastoral Counseling, please note that there is no license nor regulation in SC that limits this form of clinical counseling to a specific state or region. Pastoral Counseling can be requested for those outside of the state, for online therapy, and for other modes of communication in addition to face to face sessions in the office. For this reason, any counseling done for those living outside of SC will be considered Pastoral Counseling only and will not involve nor reflect my SC State Licensure which limits my practice of being a Licensed Marriage and Family Therapist to just South Carolina.

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 **\$140 per 50 minute session**. It is customary to pay professional fees at the time of service. If you are using 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.** Counseling services can be paid by your Health Savings Acct or Flexible Spending Acct. You may pay by cash, credit card, or check. *Make checks payable to:* Pathways Pastoral Counseling.

*****Cancellation of Appointments Policy:**

If a counseling appointment is missed or canceled with **less than 24 hours notice**, *you will be charged for that session*. Please note: if you are using insurance, your insurance company is not liable for your missed or no show sessions.

Insurance and Other Third-Party Payments: If you wish to use insurance to pay for therapy, *you are responsible for providing Pathways Pastoral Counseling with accurate and complete information. If your policy requires pre-authorization prior to counseling services rendered and you do not provide this information your insurance may not be properly billed.* 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. **Please be aware that insurance companies do not pay for marriage counseling.** 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.

For those using insurance, you agree that your signature here and date substitute for your signature and date on the CMS-1500 Form boxes 12 and 13. Your therapist is an **In-Network Provider** of the following insurance companies: **The SC State Health Plan, Planned Administrators, Federal Employees Program, Blue Cross Blue Shield, and Blue Choice.** I am an EAP Provider for Morneau-Shepelle. 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.

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 legally subject to subpoena.

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

Client(s) Signature

Date