

New Client Information Policy Statement and Informed Consent for Treatment

Pathways Pastoral Counseling
Rev. Dr. Trey Kuhne MDiv, EdS, PsyD, LMFT
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Spartanburg, SC 29307
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Office Hours of operation

Monday through Thursday: 10am-5pm, by appointment only.
Friday 10am-12pm, by appointment only
Hours and days are subject to change.

Professional and Educational Qualifications

Bachelor of Science in Psychology from Presbyterian College, 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, Academic Associate and Diplomate in Logotherapy from the Viktor Frankl Institute of Logotherapy and Diplomate from the American Psychotherapy Association. Member of the American Association of Christian Counselors.

Specialties of Rev Dr. Trey Kuhne LMFT:

Individual, Couple, and Family Counseling.
Family conflict counseling and Grief counseling
Individuals and Families struggling with cancer and chronic medical condx.
Individuals struggling with Adjustment Disorders, Anxiety issues, and Depression

General Information for therapy with Rev Dr. Trey Kuhne LMFT:

As a **SC Licensed Marriage and Family Therapist #4481** and **Pastoral Counselor**, my area of training is the structural and systemic treatment of individuals, couples, and families including sensitivity to your religious beliefs and faith perspective, if you wish to incorporate them in therapy. The structural and 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 **\$130 per 50 minute session**. Appointments can be longer for the appropriate prorated fee. Payment is required at 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.** Counseling services can be paid by your Health Savings Acct or Flexible Spending Acct. You may pay by cash or check. ***Make checks payable to:*** Pathways Pastoral Counseling. *You may also pay by credit card in session or through my website under the link www.pathwayspc.com/Fees and Insurance.*

Cancellation of Appointments Policy:

If an appointment is missed or canceled with **less than 24 hours notice**, you will be charged for that session. 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.

Insurance and Other Third-Party Payments:

You should be aware that your contract with your health insurance company requires that Pathways Pastoral Counseling provide, ***at a minimum, 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.

Rev. Dr. Trey Kuhne LMFT is an **In-Network Provider** of the following insurance companies: **The SC State Health Plan, Planned Administrators, Federal Employees Program, 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. However, if you choose to subpoena your therapist, and I am required to testify or be deposed, you agree to pay for any required preparation time, for your therapist's time out of the office, and for travel all at the 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. Please note the **Notice of Privacy Practices**, that outline HIPPA compliant practices of Pathways Pastoral Counseling, 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. The information you share in psychotherapy is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (***signed only by a judge***) but is considered privileged in the federal court system. Because I am an ordained minister I can provide two levels of confidentiality privilege: counselor/client and clergy/client privilege. My clergy privilege entitles me not to release information even if you request it, if I determine that it may cause you harm.

Exceptions to Confidentiality (Duty to Warn):

Rev. Dr. Trey Kuhne is mandated by standards - through Duties to Warn - to breach confidentiality if he discovers: 1.) you are threatening self-harm or suicide, 2.) you are threatening to harm another or homicide, 3.) a child has been or is being abused or neglected, and 4.) a vulnerable adult has been or is being abused or neglected. Finally, if you wish your protected health information released to another party, you must sign a specific Release of Information.

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

Client(s) Signature

Date