ARCADIAN
COUNSELING

Professional Disclosure Statement

QUALIFICATIONS: I am a Licensed Professional Counselor in the State of Connecticut (#3295) and the State of Arizona (LPC #15688). I have extensive experience working with a wide range of emotional and behavioral concerns, mild to severe mental illness, and adjustment issues related to everyday life challenges. I received my Masters of Science in Community Mental Health Counseling from University of Phoenix Campus, Phoenix, Arizona. I regularly attend and participate in advanced training courses and seminars to enhance my knowledge and skill sets. I have been working for several years with adults and teenagers from all backgrounds in individual, couples, and group settings.

THERAPEUTIC PROCESS: Engagement in therapeutic change is a unique journey for each person that requires learning, practicing new skills, experimenting with new ideas and behaviors, processing emotions, and actively working together on mutually agreed upon therapy goals. Therapy is most beneficial with consistent attendance, active involvement in sessions, open communication, and practicing skills outside of sessions – sometimes referred to as "Homework." Some changes may be immediately enjoyable, and others may be challenging at first. This is a normal part of the therapeutic process.

Please feel free to ask questions at any time about the therapeutic process. If a different therapeutic approach is indicated at any time, I am happy to refer you to another qualified professional. You have the right to refuse treatment, and the right to choose a practitioner and treatment modality that best suits your needs. I am open to your honest feedback regarding your experience of the counseling process. Occasionally, you may be asked to complete brief surveys that help me evaluate and improve the quality of my services.

I approach therapy from an integrative methodology based on the client's needs and the nature of the presenting issue. I believe that change occurs through the development of a collaborative and mutually respectful relationship, as well as through changing negative thoughts and behaviors that affect changes in mood.

Informed Consent

COUNSELING RELATIONSHIP: During the time we work together, we will meet weekly for approximately 45-minute sessions. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Therapy sessions are not available over the phone, text, or via email. Phone calls and text messages are advised only if you need to reschedule an appointment. If you are experiencing a medical or mental health emergency, please call 911 or visit your local emergency room. For all other non-emergency concerns, please bring them to your next session.

DUAL RELATIONSHIPS & SOCIAL MEDIA: Dual relationships can impair the therapeutic process, your therapist's objectivity, clinical judgment, or therapeutic effectiveness that could be exploitative in nature. I will never acknowledge working clinically with any client without written permission. In some instances, even with permission, I will preserve the integrity of our working relationship. For this reason, I will not accept invitations via social networking sites such as Facebook, Twitter, LinkedIn, Instagram, or Pinterest. Please do not invite me to social gatherings, offer me gifts or ask me to write references for you. You will be best served if our sessions concentrate exclusively on your concerns.

EFFECTS OF COUNSELING: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or not continuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

THERAPEUTIC ENVIRONMENT: Every effort is made to create a comfortable and safe therapeutic environment. I appreciate your adherence to guidelines including no food inside the therapy office. Please refrain from wearing strong perfume or cologne on session days as I am highly sensitive to smells and odors. To ensure the full benefit of your appointment time, I request that you turn off your cell phones during session. If, for any reason, you require special assistance or preferences, please do not hesitate to advise me and I will make every effort to accommodate.

CLIENT RIGHTS: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or negotiate modification of any of my counseling techniques or suggestions that you believe might be harmful. I assure you that my services will be rendered in a professional manner consistent with the accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know.

REFERRALS: Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals.

RECORDS AND CONFIDENTIALITY: All of our communication becomes part of the clinical record. Records are the property of Arcadian Counseling, LLC. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist:

1. I determine that you are a danger to yourself or someone else;
2. You disclose abuse, neglect, or exploitation of a child or a person who is disabled or elderly;
3. You disclose sexual contact with another health professional;
4. I am ordered by a court to disclose information;
5. Information (diagnosis and dates of service) shared with your insurance company to process claims;
6. Information shared with your parent or guardian if you are under 18;
7. If you sign a release of information to have specific information shared;

8. Your case records are used for purposes of supervision, professional development, and research. In such cases, to preserve confidentiality, I will identify you by first name only or by a pseudonym. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

In the case of marriage or family counseling, I will keep confidential (within limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to the therapeutic progress.

EMERGENCY SITUATIONS: If you are experiencing an emergency situation for which you feel immediate attention is necessary, you understand that you are to contact the emergency services in your community for those services. I will follow those emergency services with standard counseling and support you and/or your family.

CANCELLATIONS: Your appointment time is reserved specifically for you and only you. If you need to cancel or reschedule an appointment, please let me know at least 25 hours or more hours prior to your scheduled session. If you cancel or reschedule less than 25 hours in advance, you will be charged a $75 late cancellation fee. Payment is expected prior to your next session. If you are late to your appointment, you will receive the remainder of your session time. If you have any questions at any time about out-of-network insurance reimbursement, fees, etc., please feel free to ask. You may have a copy of this form if you request it.

FEES/FINANCIAL INFORMATION: Payment is expected at the time of service. Fees for counseling are $125.00 for individuals (45-minute session) and $150.00 for couples (60-minute session). Please check the appropriate line and fill out the relevant information:

_____I will be paying for therapy with check, cash, PayPal, or Venmo.

_____I will be using my credit card to pay for therapy.

*Credit Card #*_____ *Exp. Date:* _____ *Sec. Code*_____

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction.

_____ _____

Client's Signature Counselor's Signature

_____ _____

Date Date

_____ _____

Minor Client Name