

Professional Disclosure and Informed Consent Statements

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Professional Disclosure Statement

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Please read through the following to gain an understanding about the counseling services which will be provided to you. I am pleased that you are considering entering into a therapeutic relationship with me, and will be more than happy to expand on any point which may need further clarification.

Qualifications

I am a Licensed Professional Counselor practicing in New York. I received my Masters of Arts in Marriage and Family Therapy from the Alliance Graduate School of Counseling in New York, which is a Christian based establishment. As a Licensee I am required to participate in continuing education to keep up with my training and expanding my knowledge in various fields pertaining to my discipline.

I have been involved in the care of children and families for some years prior to my training at Alliance Graduate School so I do bring an extra understanding of these groups to my practice. As a requirement of State Law I have been educated and received the required training in individual, group, family and couples therapy. I have also taken classes which have prepared me to work with clients from diverse backgrounds, and I am sensitive to the unique experiences of various ethnic groups.

Philosophy and Approach

All clients are held in the highest esteem and full acknowledgement is given to your past as well as present experiences in an attempt to better bring meaning to your present concerns. I aim to provide a safe and non-judgmental space for you within which you can discuss different aspects of your life experiences which you choose to share with me, and invite me to assist you with. I will be guided by you in terms of your needs and will be here to walk with you on the journey which it will be necessary to take to achieve your desired goals. Together I hope to help you to ultimately achieve a greater understanding of self. In attempting to do all of these things I will abide by the Code of Ethics for Counselors and Therapists adopted by the American Association For Marriage and Family Therapists.

Therapeutic Approach

I am conversant with multiple therapeutic methods, and this knowledge will enable me to adequately ensure that my clients' issues are observed under the umbrella of the appropriate approach.

Informed Consent Statement

Confidentiality

I will be exposed to very intimate information pertaining to your life. This information will be held in the highest regard, respect and confidence. It is important that you are aware that confidentiality is a binding force in your therapeutic experience. I am also bound to abide by the ethical guidelines of the American Association For Marriage and Family Therapy Code of Ethics.

There are particular circumstances when I cannot legally or ethically hold information confidential. Some of these circumstances are as follows:

- If you request that your records are released, and sign a release consent form.
- If it is suspected that you will be a danger to the health and safety of yourself or others.
- If you make it clear that a child, disabled person or elder adult has been or will be abused or neglected.
- When a court order demands the release of case records.

Risks and Benefits

There are both risks and benefits involved in counseling. Depending on the issues presented, it could be that the counseling process stirs up feelings and surprises which are uncomfortable and therefore, make you feel uncomfortable. Feelings may arise which include sadness, guilt or even some anxiety. The benefits to be achieved however, can range from you having more fruitful relationships, a better understanding of yourself and a better ability to cope with the stresses and problems you may be faced with in your life.

Counseling Sessions and Fees

Intake sessions are 60 minutes and are for evaluating your needs and concerns, and discussing the services which I offer. Individual sessions are 50 minutes. Couple and Family sessions are 70 minutes. Payments may be made by bank cheque or credit card. All payments are due each session. If a cheque is returned by the bank you will be responsible for payment of the bank return payment fee:

Initial Consultation	-	\$110.00
Individual Session	-	\$100.00
Couple and Family Session	-	\$110.00

Dual Relationships

The relationship which I will develop with you will be close, but it is imperative that you remember it is a professional one. Should we see each other in public brief acknowledgements are acceptable if we should pass each other, but it is most unacceptable that I be invited to engage in personal conversation with you.

Consultation Supervision

I am a Licensed Professional Counselor and I am under supervision. There is an immense amount of value to be gained from being supervised and being able to consult with my supervisor or other professional staff. Special information will not be given. There are occasions on which sessions are videotaped or audiotaped for the purpose of supervising quality. Videotaping or audiotaping would not be done without your consent or any other member who may be in therapy with you.

Cancellations and Missed Appointments

It is important that you are committed to your care as I will be, and this will be demonstrated in your consistency in keeping your therapy appointment sessions. Of course, there may be times when cancellations will occur. On such occasions I must be given 24 hour notice in order that another client can take advantage of using your allotted time. If there is a no-show, and no previous notification has been given, you will be responsible for payment of the session.

Therapist Emergencies and Cancellations

In the event of an emergency, I will try to get into contact with you immediately to cancel an appointment using the information provided by you on file. If I am involved in an accident and you are unable to reach me, you will be free to contact my supervisor for appropriate information. This contact is: Rebecca Smith, Caring Services, (516) 213-0967.

Complaints

I am always concerned about the welfare of my clients and welcome any discussion regarding concerns which a client may have about the services being offered. After discussions with me should you consider that no resolution has been found, a complaint can be directed to my supervisor. You may also file a complaint with the organization which governs the Code of Ethics, The American Association for Marriage and Family Therapy, 112 South Alfred street, Alexandria, VA 22314-3061.

Termination

During our journey together your goals and satisfaction with therapy will be continually reassessed. It is important that this is done to ensure that we are not moving away from your intended goals and that you are benefitting from the therapy being offered. Should it be necessary to refer you to another counselor who may best fulfill your needs this would be discussed with you well before it happens, and must be agreed with by you. It is important that you understand that you will never be abandoned by me as I have your best interests in mind.

You may also terminate services at any time that you choose. If you simply do not present for a session I will make an attempt to reach you, and if this is not successful, I will terminate therapy formally and notate your files accordingly.