

## **Helpful Counseling Information**

Updated: January 18<sup>th</sup>, 2021

### **Scottsville Counseling Center**

Amanda G. Patrick, M.A. Marriage & Family Therapy; Marriage and Family Therapist Associate

Ava McBride, Master of Social Work; Certified Social Worker

Hannah Erwin, Master of Social Work; Certified Social Worker

#### Credentials:

Amanda G. Patrick, is a Marriage and Family Therapist Associate, permit number 245667, working towards full licensure as a Licensed Marriage and Family Therapist (LMFT) under the supervision of Dr. Fred Stickle, in the state of Kentucky. Pursuance of licensure as a LMFT includes a minimum of 1,000 direct client contact hours. As per licensure requirements, Amanda G. Patrick, Marriage and Family Therapist Associate, will submit proof of client sessions as a requirement of fulfilling the required face to face client session hours. Name of client will be protected as per confidentiality requirements. Marriage and Family Therapy means the diagnosis and treatment of mental and emotional disorders whether cognitive, affective or behavioral within the context of marriage and family systems.

Ava McBride is a Certified Social Worker (CSW), permit number 254652, working towards full licensure as a Licensed Clinical Social Worker (LCSW) under the supervision of Janet Martin, LCSW, license number 1174, in the state of Kentucky. Pursuance of licensure as a LCSW includes meeting the following requirements: you have held a clinical social work license and been engaged in the active practice of clinical social work for five (5) years; or 2) 200 hours of supervision by a licensed clinical social worker, who has been licensed as a licensed clinical social worker for three (3) years. As per licensure requirements, Ava McBride, CSW, will submit proof of client sessions as a requirement of fulfilling the required face to face client session hours. Name of client will be protected as per confidentiality requirements. Clinical social work means the completion of an initial assessment, diagnosis, and treatment planning to resolve or minimize the symptoms related to a mental or emotional disorder. Treatment plan goals and objectives are created with the client and are subject to change as client's needs evolve or the goals are met.

Hannah Erwin is a Certified Social Worker (CSW), permit number 255326, working towards full licensure as a Licensed Clinical Social Worker (LCSW) under the supervision of Sarah Whitlege, LCSW, license number 5025, in the state of Kentucky. Pursuance of licensure as a LCSW includes meeting the following requirements: you have held a clinical social work license and been engaged in the active practice of clinical social work for five (5) years; or 2) 200 hours of supervision by a licensed clinical social worker, who has been licensed as a licensed clinical social worker for three (3) years. As per licensure requirements, Hannah Erwin, CSW, will submit proof of client sessions as a requirement of fulfilling the required face to face client session hours. Name of client will be protected as per confidentiality requirements. Clinical social work means the completion of an initial assessment, diagnosis, and treatment planning to resolve or minimize the symptoms related to a mental or emotional disorder. Treatment plan goals and objectives are created with the client and are subject to change as client's needs evolve or the goals are met. Additionally, Hannah's supervisor will join a limited number of sessions in person to observe Hannah's approach. This will be coordinated well in advance with the client and will be limited to only the needed duration. Also, this will only be scheduled if the client is comfortable in doing so.

#### Confidentiality Policy:

The Scottsville Counseling Center strives to provide each client with the highest quality of counseling services, including a level of confidentiality that makes the counseling experience safe and comforting to the client. Counseling session information will not be released without your prior consent or the consent of the one who has the legal authority to consent on your behalf.

There are national and state laws that define necessary limits to that confidentiality. The Scottsville Counseling Center is committed to adhering to these laws that require a counselor to report any suspicion of abuse of a child or incapacitated adult and threat of homicide or suicide. In addition, occasionally

judges will subpoena a counselor for testimony or order the release of confidential information in court proceedings. In these instances, the client is notified of the subpoena and/or court order, and every effort made to protect the confidential information.

Client Notification of Privacy Rights:

The Health Insurance Portability and Accountability Act (HIPAA) have created new client protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law”, HIPAA provides client protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of client record (“privacy rules”) and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care providers and health care agencies throughout our country are now required to provide clients with a notification of their privacy rights as it relates to their health care records.

Please read this document, as it is important that you know what client protections HIPAA affords all of us. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, we are required to secure your signature indication that you have received this Notice of Privacy Practices document.

I, \_\_\_\_\_ (Print Your Name), understand and have been provided a copy of the Notice of Privacy Practices document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights concerning these matters. I understand that I have the right to review this document before signing this acknowledgment form.

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Client Signature or Legal Guardian if Minor

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Using Emails, Cell Phone, Texts, Computers, & Messaging Platforms:

It is very important to be aware that computers and unencrypted emails, texts, and messages using platforms such as Messenger (which are part of the clinical records) can be rather easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communications. Emails, texts, and messages sent via Messenger, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts, and messages that go through them. Such data is also not encrypted. It is always a possibility that emails, texts, and messages sent via Messenger can be sent erroneously to the wrong address and computers.

Equipment utilized by the Scottsville Counseling Center for communication purposes, including laptop and phones, are equipped with a firewall, a virus protection, and a password. No client names are kept on any of these devices (phone number and/or email may be found in a prior text conversation; however, no names or phone numbers are saved to any devices), and no data from any of these devices is backed up onto any type of external device, cloud based server, etc. Please notify the Scottsville Counseling Center, including your therapist or counselor, if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, and phone messages. Once established as a client, the Scottsville Counseling Center will ask clients to please avoid utilizing any other means for communication other than email, text and/or phone. If you communicate confidential or private information via unencrypted emails, texts or via phone messages, the Scottsville Counseling Center will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use texts, emails, or voice mails for emergencies.

### Social Media:

This section outlines our office policies related to use of social media. Please read it to understand how we conduct ourselves on the Internet as a mental health professional and how you can expect our therapists/counselors to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this section, or entire document, we encourage you to bring them up with your therapist/counselor when you meet. As new technology develops, and the Internet changes, there may be times when our practice will need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

### ***Friending –***

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you and your therapist meet.

The Scottsville Counseling Center maintains a business page on Facebook for professional practice to allow people to share my blog posts and practice updates with other Facebook users. Note that you should be able to subscribe to the page via RSS without becoming a fan and without creating a visible, public link to our page. You are more than welcome to do this.

### Technology and Documentation:

The Scottsville Counseling Center will ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients will also be made aware in writing of the limitations and protections offered by the therapist's technology.

### Training and Use of Current Technology:

Our therapists/counselors ensure they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees. In the state of Kentucky, marriage and family therapists must complete a 15 hour NBCC Approved Certificate in Technology Assisted Services (which includes six hours of ethics).

### The Therapeutic Process:

One major benefit that may be gained from participating in psychotherapy includes a better ability to handle or cope with marital, familial and other interpersonal relationships. Another possible benefit may be a greater understanding of personal goals and values; this can lead to greater emotional maturity and happiness as an individual and/or unit.

Working to achieve these potential benefits will require that firm efforts be made to change and may involve experiencing a significant degree of discomfort. Remembering and therapeutically resolving unpleasant events can arouse intense feelings of fear, anger, depression, frustration and the like. Seeking to resolve issues between family members, marital partners and other persons can similarly lead to discomfort, as well as, relationship changes that may not be originally intended.

### Scope of Practice – Marriage and Family Therapy & Social Work:

#### ***Marriage and Family Therapy –***

The rendering of professional Marriage and Family Therapy and Clinical Counseling services to can be done with individuals, couples and families.

Treatment can be provided singly or in groups.

Marriage and Family Therapy means the diagnosis and treatment of mental and emotional disorders whether cognitive, affective or behavioral within the context of marriage and family systems.

Marriage and Family Therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples and families for the purpose of treating such diagnosed nervous and mental disorders.

### ***Social Work –***

Per the National Association of Social Workers (NASW), social work practice in behavioral health promotes well-being through by assessment, diagnosis, treatment, and prevention of mental illness, substance use, and other addictions. Social work practice in behavioral health incorporates knowledge of human behavior, sociology, psychiatry, psychology, and many other social science disciplines. Individual, group, and family therapy are common treatment modalities.

Social workers who provide behavioral health services may be required to be licensed or certified in their jurisdiction of practice. Behavioral health clinicians perform services in a variety of settings including private practice, hospitals, community mental health, primary care, treatment centers, and other agencies.

### **Risk in Counseling:**

Counseling may be tremendously beneficial, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual's thinking and calling into question some or many of your beliefs and values. Your counselor will be available to discuss any of your assumptions, problems or possible side effects of your work together.

### **You have the right to:**

- 1) Ask questions about any part of the counseling session.
- 2) End counseling at any time without any moral, legal or financial obligations other than those already accrued.
- 3) Review the information in your files at any time with proper notification and in consultation with your counselor.
- 4) Request a release of the information in your counseling files to any person or agency you designate.
- 5) Request changes to your records.

### **Grievances/Complaints:**

We are aware that problems with our services may occur, and we will work with you to resolve the problem. If, however, you have discussed your concern with your counselor and remain dissatisfied, the Scottsville Counseling Center will be open to provide a referral to another counselor/therapist. The goal is to resolve the issues to the client's satisfaction.

### **Termination:**

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. We request that if a decision to terminate is being made that there be a minimum of a seven day notice in order that a final termination session may be scheduled.

Dependent Clients:

If you are requesting our services as the guardian or parent of a child or a dependent adult, the same general principles as above will apply. However, as your child's counselor, it is important that your child be able to completely trust the counselor. As such, we keep confidential what the child says in the same way we keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to questions and understand the nature to our progress with your child, and we must use our discretion as to what is an appropriate disclosure. In general, we will not release specific information that the child provides to us; however, we feel it is appropriate to discuss your child's progress in broader terms and value your participation in their counseling experience. You will be asked to sign the consent to treat form for your child.

Welcome! I look forward to our work together, and I anticipate that it will be a beneficial experience for both of us.

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Client Signature or Legal Guardian if Minor

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Client Signature or Legal Guardian if Minor

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Therapist Signature

## Financial Policy

Updated: February 1<sup>st</sup>, 2021

While the Scottsville Counseling Center does not currently accept insurance, the therapist will work with you and your insurance company or Health Savings Account to provide receipts and ICD-9 codes, which can be submitted to **some** plans for reimbursement. I understand that it is my responsibility to verify my benefits.

Individual, couple, or family sessions are 60 minutes in length. Fee is \$45.00. Phone consultations will be held to 10 minutes in length or it will be charged as a session. Agreed upon rate will be noted below.

The office accepts cash, check, and credit/debit cards.

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency. If a check is returned, a \$45.00 NSF fee will be charged.

This therapist may request a valid credit/debit card be kept on file to assist in preventing missed sessions that are unable to be filled by other clients.

My signature validates my consent to receive treatment with the Scottsville Counseling Center, and I acknowledge being informed of office policies and procedures.

Options	50 minute session fee	90 minute session fee
<b>Standard Counseling Rate</b>	\$45	\$75

**My Identified session fee is:** \_\_\_\_\_/therapeutic hour (60 minutes)

Credit/Debit Card to keep on file for phone sessions, payment use, and potential no shows is:

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV#: \_\_\_\_\_

Card billing zip code: \_\_\_\_\_ Name on the card: \_\_\_\_\_

Preferred Email address/cell number for receipt: \_\_\_\_\_

*By signing below, I recognize that I have read and understand this counselor's expectation for my financial commitment.*

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Therapist Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_