

Helpful Counseling Information

Updated: November 26th, 2023

Scottsville Counseling Center

Amanda G. Patrick, Marriage and Family Therapist Associate
Erin Meyer, Licensed Professional Clinical Counselor
Brittney Benningfield, Licensed Professional Counseling Associate
Jaclyn Curtsinger, Marriage and Family Therapist Associate

Credentials:

Amanda G. Patrick, is a Marriage and Family Therapist Associate working towards full licensure as a Licensed Marriage and Family Therapist (LMFT). Pursuance of licensure as a LMFT includes a minimum of 1,000 direct client contact hours and ongoing supervision by either a board approved or AAMFT approved supervisor.

Erin Meyer is a Licensed Professional Clinical Counselor (LPCC). Erin is fully licensed by the state board located in Kentucky and can work independently without supervision.

Brittney Benningfield is a Licensed Professional Counseling Associate (LPCA) working towards full licensure as a Licensed Professional Clinical Counselor (LPCC). Pursuance of licensure as a LPCC includes meeting the following requirements: you have completed 4,000 hours of post-master's experience in the practice of counseling under approved supervision, which includes 1,600 hours of direct counseling and 100 hours of individual, face-to-face clinical supervision.

Jaclyn Curtsinger, is a Marriage and Family Therapist Associate working towards full licensure as a Licensed Marriage and Family Therapist (LMFT). Pursuance of licensure as a LMFT includes a minimum of 1,000 direct client contact hours and ongoing supervision by either a board approved or AAMFT approved supervisor.

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

_____ Date ____ / ____ / ____
Client Signature or Legal Guardian if Minor

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 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 business pages on Facebook and Instagram for professional

practice to allow people to share helpful information and practice updates with other Facebook and Instagram users. Note that you should be able to subscribe to the pages 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, & Professional Counseling:

Marriage and Family Therapy –

The rendering of professional Marriage and Family Therapy 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.

Professional Counseling –

Per the American Counseling Association (ACA), professional counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Counselors utilize a holistic and humanistic lens of understanding when working with clients. From this standpoint, counselors may engage in assessment, diagnosis, treatment planning, evidenced-based therapeutic interventions, and advocacy to foster client growth, development, and wellness. Practice settings vary and areas of practitioner certification include school; clinical mental health; marriage, couple, and family; addiction; career; college or student affairs; or gerontological counseling.

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.

Returning Clients:

If a client does not schedule for three or more months, and returns to re-establish as a client, efforts will be made to reconnect the client with the original therapist. Based on existing caseload at that time, and capacity, that therapist may or may not be available. Every effort will be made to match the client with a therapist that the client feels comfortable with to ensure a continued tailored approach in matching clients with therapists, which is fundamental to our practice. Additionally, if a client graduates, no shows, and/or pause therapy at any time, and then opts to return, the current hourly rate will be utilized to establish fees

with the financial policy updated to reflect.

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.

Rate Changes:

The practice may periodically raise rates to reflect inflation and increased overhead costs while also following market rates for our therapist credentials and experience level. This supports our commitment to a consistent quality level of care. When a rate change is anticipated, 90 days' notice will be provided to all existing clients, and your therapist will be available to explore what options are available to you should you have concerns with the rate change as we prioritize your care. If the rate change does not affect new clients, no 90-day notice is required; however, if a new rate is established for new clients only, current clients will be moved to the new rate if they graduate, no show, and/or pause at any time and wish to reschedule in the future.

Cancellations:

Since the scheduling of an appointment involves the reservation of time set aside especially for you, a minimum of 24 hours' notice is required for rescheduling or cancellation of an appointment. Research also demonstrates that consistent session attendance offers greater positive outcomes for your overall success in your journey. ***If a session is canceled less than 24 hours, or you fail to show for your appointment, the full fee of \$60.00 will be charged.*** For example, if your appointment is at 2pm on a Tuesday, you must cancel by 2pm on Monday. If you cancel at 2:05pm on Monday for a 2pm on Tuesday, you will be charged the full session fee. If you contact your therapist less than 24 hours to cancel your scheduled date/time and request to reserve a new date/time, this is considered two separate sessions, and a late cancellation fee will be applied for the cancelled session first.

For appointments scheduled on Sunday, sessions must be cancelled by 10:00am on the Friday prior to the appointment. This ensures our therapists have time to fill vacant appointment slots and prepare for the clients they will be seeing on Sundays, particularly as our team of therapists who work on Sundays are out of the office on Friday and Saturday.

We understand emergencies can happen, and if your late cancel is due to a serious, communicable illness, car accident, death in the immediate family, natural disaster, or other critical emergency, your late cancellation will be waived as critical emergencies are waived a late cancel fee once every 3 months. You may also inquire whether there is an option to meet virtually (Zoom or phone) if you are unable to attend an in-person session. If a meeting involves more than one person, consider discussing with the other parties if one of you may wish to attend the session to ensure the spot is utilized.

If you will be running late to your appointment, please contact your therapist. While we cannot add time to the appointment, if your therapist is available to meet with you for the remainder of the session, we will seek to honor whatever time is left to support your continued work in your journey. A valid credit/debit will be kept on file to assist in preventing missed sessions that are unable to be filled by other clients.

**Please note: if you late cancel and/or no show, and you do not have funds at time of charge, your account will be noted by issuing an invoice, and you will be unable to reschedule until your fee is paid.

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

_____ Date _____ / _____ / _____
Client Signature or Legal Guardian if Minor

_____ Date _____ / _____ / _____
Therapist Signature

Financial Policy

Updated: November 26th, 2023

While the Scottsville Counseling Center does not currently accept insurance, our goal is to provide counseling and testing & evaluation at affordable rates.

Individual, couple, or family sessions are 50 minutes in length. The fee is \$60.00 per 50-minute session. Initial intake (first) sessions for couples or families, where more than 1 person is present, are approximately 90 minutes and are \$85.00 for the 90-minute session. This allows additional time to meet with the couple or family, review paperwork, get to know one another, establish boundaries, etc.

Individual sessions are also available with our lead for testing and evaluation. The fee is \$75.00 per 50-minute session.

Phone consultations will be held for 10 minutes in length or will be charged as a session. Agreed upon session rates are noted below. Clients who remain active will be charged at the established rate unless otherwise noted. If a client becomes inactive, meaning no sessions 3 months or longer, the client will be established at the new rate at time of scheduling.

Rate Changes: the practice may periodically raise rates to reflect inflation and increased overhead costs while also following market rates for our therapist credentials and experience level. This supports our commitment to a consistent quality level of care. When a rate change is anticipated, 90 days' notice will be provided to all existing clients, and your therapist will be available to explore what options are available to you should you have concerns with the rate change as we prioritize your care. If the rate change does not affect new clients, no 90 day notice is required; however, if a new rate is established for new clients only, current clients will be moved to the new rate if they graduate, no show, and/or pause at any time and wish to reschedule in the future.

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If you will be running late to your appointment, please contact your therapist. While we cannot add time to the appointment, if your therapist is available to meet with you for the remainder of the session, we will seek to honor whatever time is left to support your continued work in your journey. A valid credit/debit will be kept on file to assist in preventing missed sessions that are unable to be filled by other clients.

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The office accepts cash, credit/debit cards, and Health Savings Account (HAS) cards. A valid credit/debit card will 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
Standard Counseling Rate	\$60	\$85

My identified *counseling* session fee is: _____/therapeutic hour (50 minutes).

Credit/Debit Card to keep on file for telehealth sessions, payment use, and potential late cancels and/or 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 the expectation for my financial commitment. If I have questions, I will inquire with my therapist, practitioner, etc.

Signed: _____ *Date:* _____

Therapist Signature: _____ *Date:* _____