CORE HEALING COUNSELING

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Core Healing Counseling, LLC
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**This Mandatory Disclosure Statement is for:**

Thank you for coming to Core Healing Counseling for mental health therapy, coaching or educational services. I look forward to working with you to improve your life and your relationships. This agreement is to clarify the business aspects of our relationship, and to help our therapeutic relationship go smoothly. Please read the paragraphs below and initial on the lines provided, indicating you have read and agree to the content of each section.

**DEGREES & CERTIFICATIONS:** I have earned and maintain the following degrees and professional certifications:

- Master's degree in Social Work (MSW) from Rutger's University, New Brunswick, New Jersey.
- Bachelor's degree in Social Work (BS) from the University of Utah, Salt Lake City, Utah.
- Certified Sex Therapist by the American Association of Sexuality Educators, Counselors and Therapists (AASECT)

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**THE REGULATION OF MENTAL HEALTH PROFESSIONALS IN UTAH:**

- I am a Licensed Clinical Social Worker (LCSW), license number 5770990-3501

The Utah Division of Occupational and Professional Licensing (DOPL) within Utah's Department of Commerce regulates the practice of Licensed Clinical Social Workers. DOPL can be reached at (801) 530-6630 and laws and regulations regarding licensure can be found at www.utah.dopl.gov/licensing.

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**CONSUMER RIGHTS:** You have a right to receive information from me about the methods of therapy to be used, the duration of therapy (if known) and your questions are invited and encouraged. The foundation of my work is strengths-based, values-based, relational, and co-creative in nature, but may vary to be of service to you. You have the right to terminate therapy at any time or to seek a second opinion (at your cost). Psychotherapy may cause discomfort or pain as part of the growing and change process; if this occurs, please let me know. Your input about what does and does not work for you is invaluable. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the professional.

*(initial)*_____

**CONFIDENTIALITY:** Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. You will be asked to sign a release-of-information form before discussing your treatment, or sending records about you to anyone else. Your confidentiality/privacy is protected by state law and by the rules of my profession, except in the following circumstances. The limits of confidentiality are:

- If you were sent to me by a court or an employer for an evaluation or treatment, the court or employer expects a report from me. You have a right to disclose only what you are comfortable with telling.
- If you are involved in a lawsuit, and you tell the court that you are in therapy, I may then be ordered to show the court my records. Please consult your lawyer about any concerns you may have regarding this issue.
- If you make a serious threat to harm yourself or another person, the law requires the therapist to try to protect you or that other person.
- If I believe a child, or a vulnerable adult, has been or will be abused or neglected, or domestic violence occurs in the presence of a child, I am legally required to report this to the authorities.
- If you send a health insurance claim form to your insurance for reimbursement, it will have a mental health diagnosis listed and it

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will become part of your permanent medical record.

- In order to provide you with the best treatment, I may consult with other mental health professionals about your case.
- Reporting/disclosing knowledge of a communicable disease.
- If you are participating in family, couples or group therapy, each individual has a right to confidentiality. However, I cannot guarantee that all participants will honor each individual's right to confidentiality.

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**SOCIAL NETWORKING AND COMMUNICATION:** In order to maintain our professional relationship and protect your privacy, I do not engage with clients socially, or on social networking sites such as Facebook, Instagram, Twitter, LinkedIn, etc. While my voicemail and email are confidential, due to the nature of modern communications I cannot guarantee complete confidentiality over a phone line or through email correspondence. Please be brief with the information you provide via voicemail or email.

*(initial)*_____

**PROCESS:** Psychotherapy is generally most effective when you, the client(s), come to session with clear goals, ready to share about your life, aspirations and problems. You remain in charge of your life. I can be of service by helping you to clarify or define problems, listening, creating space to explore, facilitating new experiences, generating new perspectives, offering support, building on your strengths, and providing you with processes.

*(initial)*_____

**EMERGENCIES:** In an emergency you may try to reach me. However, as a sole practitioner, I do not offer 24-hour crisis intervention or afterhours availability. In case of an emergency, you agree to take necessary steps to remain safe, including calling 911 or going to the nearest emergency room, as needed. Additionally if you live in Salt Lake County you may call the University Neuropsychiatric Institute at 801.587.3000.

*(initial)*_____

**LITIGATION:** If the client is involved in a divorce or custody litigation, please understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in litigation.

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**FEES:** Payment is due in full at the beginning of each session by cash, check or credit card. Included in the fees below are brief phone calls (under 10 minutes) and routine paperwork. The fee during normal office hours (Monday through Friday from 9am – 7pm.) is $150.00 per 50-minute session and $225.00 per 75-minute session. Sessions longer than the scheduled time will be billed at $20 per every 10 minutes. Fees during non-office hours on Monday through Friday are billed at $225.00 per 50-minute session and $300.00 per 75-minute session. Intensive sessions are billed at $700.00 per 3.5 hours. Clients acknowledge that the Therapist does not accept insurance or complete claim forms. Written letters, reports and/or evaluations requested by the client are billed at after hour rates of $150 per hour. If the Therapist is subpoenaed or otherwise required to be involved with the courts on behalf of the client, the rate is $150 per hour, plus travel time, preparation time and out of pocket expenses.

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**CANCELLATION POLICY:** In an effort to accommodate as many clients as possible during the limited time available during a given week, it is necessary to have a cancellation policy that is fair and reasonable for all concerned. It is in the spirit of showing respect for each other that the following policy was created. To avoid being charged the full price of your scheduled session(s), cancellations must be made two (2) business days in advance, i.e., Friday appointments must be canceled by Wednesday; Thursday appointments must be canceled by Tuesday, and Wednesday appointments must be canceled by Monday. In case of Monday and Tuesday appointments, to avoid being charged cancellations must be made by the previous Friday. By providing two (2) business days of notice you are also helping people on the waitlist with sufficient time to respond to new appointment opportunities. There is never a charge in the case of illness, injury, extreme weather, or family emergency. To avoid charge for weekend intensives, Saturday or Sunday sessions, or house calls, cancellation must be made ten (10) days in advance.

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Client agrees to maintain a current credit card on file to be used in the case of cancellations that violate the cancellation policy. For your convenience, I accept **MasterCard, Visa, Discover and American Express**.

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

If a professional referred you, i.e. doctor, lawyer, therapist, etc., please initial this box if you grant me permission to thank them for the referral. _____ *(initial)*

I have read the preceding information and I understand my rights as a client or as the client's responsible party.

Client 1: I, _____, have read and fully understand and agree to the above.
(Print Client Name)

_____ _____
Client Signature Date

Client 2: I, _____, have read and fully understand and agree to the above.
(Print Client Name)

_____ _____
Client Signature Date