

Professional Disclosure Statement
And Consent for Mental Health Counseling Services
Heath Wise, LCMHC, CST, CSAT

Licensed Clinical Mental Health Counselor in North Carolina—License #9127

Licensed Professional Counselor in Georgia—License #LPC005109—practicing since 2004

This agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PIH) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PIH for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information on or before the end of this session. Although these documents are long and sometimes complex, it is important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Training

B.S. in Chemistry, Samford University, 1976

M.A. in Professional Counseling, Richmond University, 2004

Certified Sex Therapist—CST

Certified Sexual Addiction Therapist—CSAT

Certified in EMDR

PACT(Psychobiological Approach to Couples Therapy) couples therapist

IFS (Internal Family Systems) Therapist

Client Population—adults, teenagers, couples, and families

Counseling Experience:

Sexual dysfunction, such as:

lack of sexual desire, compulsive masturbation, inability to have an orgasm, or
premature ejaculation

Sexual trauma

Sexual addiction

Affair recovery

Relationships/marital therapy

Stress and anxiety management utilizing relaxation techniques

Disaster mental health: trauma stress, post-traumatic stress disorder, and crisis
intervention

Women's issues

Grief and loss

Depression

Life transitions

Counseling Philosophy

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the counselor and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems

that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. It is important that you are aware that a diagnosis becomes a part of your permanent record.

Counseling Approach

I am trained in internal family systems, cognitive behavioral therapy, psychodynamic therapy, family systems theory, and PACT for couples. Internal family systems is based on the understanding that people have many parts of themselves but only one core self. Healing the system and learning to be more self led leads to peace and harmony. I use cognitive behavioral therapy, a goal-oriented therapy which includes practice at home for developing skills related to problems with emotions, thoughts, or behaviors. Systematic desensitization, sensate focus for sexual problems, thought tracking and cognitive restructuring are some of the techniques used in cognitive behavioral therapy. Psychodynamic therapy is based on the assumption that people have unconscious conflicts that are driving their behavior and causing the problems that they are experiencing. Childhood issues and root problems are explored through talk therapy. Bowenian family systems therapy looks at the history of the client's family using a genogram in order to see how behavior, emotions, values, and thinking are passed down from one generation to the next in order to facilitate change in the present. Learning to balance togetherness and individuality along with differentiation

of self are concepts that are explored with individuals and couples dealing with sexual issues, addictions, and anxiety. Some of the techniques used are psychodrama, exploring roles played in the family, creating a trauma egg, learning to tolerate closeness with hugging until relaxed, and setting appropriate boundaries. PACT couples therapy is based on neuroscience, attachment and arousal regulation. Most couples fight over facts when it is actually the lack of emotional connection and anxiety that it causes that is creating the difficulty in the marriage. Techniques involve learning and practicing a series of secure functioning processes that create security and emotional connection.

Length and Duration of Sessions

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or less frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless you were unable to attend due to circumstances beyond your control)** If it is possible, I will try to find another time to reschedule the appointment.

Professional Fees and Payment

My hourly fee is \$150. Payment schedules for other professional services will be agreed to when they are requested. You may pay with cash, check, or a credit card. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$175 per hour for preparation and attendance at any legal proceeding.

Contacting Me

Due to my work schedule, I am not immediately available by telephone. I probably will not answer my phone when I am with a client. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I do not have an “on-call” service. I will make every effort to return your call on the same day you make

it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Limits on Confidentiality

The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advanced consent. Your signature on this agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the counselor-client privilege law. I cannot provide any information without your written authorization, or a court order. A subpoena is not a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate government agency, usually the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elderly person has had a physical injury or injuries inflicted upon such disabled adult or elderly person, other than by accidental means, or has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Minors & Parents

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is (sometimes) my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of

my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Procedure for Registering a Complaint

If you should need to register a complaint, please contact:

North Carolina Board of Licensed Professional Counselors

7D Terrace Way

Greensboro, NC 27403

Phone: 336-217-6007 / Toll Free: 844-622-3572

Email: LCMHCinfo@ncblcmhc.org

NCBLCMHC.org

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Patient Signature

Date

Heath B. Wise

Date

