HeartShare Counseling & Consulting PC
77 Church St. Asheville, NC 28801 Ph: 828-712-8398 email: pripo@pripo.com

PROFESSIONAL DISCLOSURE STATEMENT
for Pripo Teplitsky, MA, LCMHC

INTRODUCTION

I am pleased that you have chosen me to meet your counseling/psychotherapy needs. This document is designed to provide you with basic information about the counseling/psychotherapy process and myself. I completed a Masters Degree program in Psychology and Counseling from Goddard College in 2005 and I am Licensed Clinical Mental Health Counselor (LCMHC), in North Carolina, (#6501). I have worked in the counseling related field since 1999. I work with adults of both sexes, and from multi-cultural backgrounds. I specialize in relationship issues working with individuals, couples and families. My theoretical orientation is eclectic (drawing from many different sources), but is primarily interpersonal, existential, humanistic and cognitive with a background in gestalt therapy and somatic therapies.

CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without you (the client's) written permission, except where disclosure is required by law. Some of the circumstances where disclosure is required by law are:

- If you threaten to harm yourself or someone else, I am obliged under state law to take whatever actions necessary to protect the safety of the person(s) involved.
- If I have reason to believe there is reasonable suspicion of child, dependent or elder abuse or neglect, I am obligated by law to report the abuse to the local Social Services Department.
- If a court of law issues a subpoena for counseling records, this information may need to be released. However, every attempt will be made to protect your records by invoking the therapist/ client privilege.
- If you direct me to communicate with someone else, I will always get an exchange of information consent form signed by you.

If, as your therapist, I am required by law to release confidential information about you, an attempt will be made to inform you in advance. Beyond these conditions, all information about you will be maintained in strict confidence to assure privacy.

*Please be aware that any communication by cellular phone or e-mail cannot be guaranteed as secure and confidential communication.

With Marriage/Couples or Family Counseling: If you participate in marital, couple, relationship or family counseling, I will not disclose confidential information about your treatment unless all adult person(s) who participated in the treatment with you provide their written authorization to release such information.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the counseling/psychotherapy records be requested unless otherwise agreed upon. Therefore, I will not voluntarily participate in any litigation or custody dispute. I will not communicate with a client's attorney and will not write or sign letters, affidavits or reports to be used in a client's legal matters. I will not provide testimony or client records unless compelled to do so by law (a subpoena). Should I be subpoenaed to appear as a witness in an action involving a client, the client agrees to reimburse me for time spent for preparation, travel, court appearances, etc. at the hourly rate of $575.

Peer Consultations: I consult regularly with other professionals regarding my work; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

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FEE SCHEDULE & PAYMENT

Initial consultation session fees:

$225 for individual counseling/therapy (75 minutes)
$260 for couples counseling/therapy (75 minutes)

Standard session fees:

$165 for individual counseling/therapy session (50 minutes)
$190 for couples counseling/therapy session (50 minutes)(also for individual "break out" sessions when engaged in couples therapy)

payable by cash, check, credit cards:

*Fees for intensive sessions (more than 75 minute session length) please inquire if interested. Clients are expected to pay in full at the beginning of each session unless other arrangements have been made. I suggest you have your payment ready or your check written at the beginning of the session so that we can utilize the full amount of time for your therapy. I will give you advance notice in the event of any change in your fee schedule. All other standard professional time including; telephone conversations (other than routine scheduling or appointment changes, or conversations up to 10 minutes) site visits, report writing and reading, consultation with other professionals, release of information, reading records, reading or answering client emails, travel time, etc., are billable at the standard hourly rate, pro-rated in 10 min. increments unless indicated and agreed upon otherwise.

Other considerations:

Cancellation Fee: I respectfully request a **48 hours notice** (two business day) when canceling/ rescheduling an appointment so that I may offer the time to another client and I can avoid charging you the **full session fee.** You also agree to authorization to charge your credit card on file for any missed or cancelled sessions within 48 hours (two business day) of your appointment time.
Charge for checks returned for insufficient funds is $25.

COUNSELOR AVAILABILITY & EMERGENCY PROCEDURES

If you need to contact me, leave a message on my confidential voicemail (828) 712-8398. I will typically return your call within 48 hours (two business days). Leaving voicemails (more confidential) is a preferred option than emails, and I check my voicemails much more frequently. If you have an urgent need to speak with me, please indicate that fact in your message. On weekends and holidays and after hours, I check my messages less frequently and may only respond to ***true emergency calls***. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or go to your nearest emergency room. You may also call the 24 hr Crisis Hotline: 211.

EMAILS &TEXTS

Email/Texts will only be used for scheduling and not for personal counseling or conversations. I typically check my emails a few times a day. I do not check or respond to email/texts on weekends. If you need me to respond more quickly, please call and leave a voicemail message. Please use my voicemail if you are needing to cancel or reschedule within 48 hrs of your appointment time. Email has significant limitations and confidentiality cannot be guaranteed. It is important to be aware that computers, unencrypted email and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, 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 e-faxes that go through them. If you communicate confidential or private information via unencrypted email or texts, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters.

INSURANCE REIMBURSEMENT

I DO NOT bill insurance. I am a fee-for-service provider. I do not provide a diagnosis on billing statements for client self-submission for insurance reimbursement. For further clarification please discuss with me before initial consultation session.

INFORMED CONSENT TO TREATMENT

The process of counseling/psychotherapy, like healing in general, comes with no guarantees of "cure." What I can guarantee is my commitment to offer you support and guidance on your healing journey, and foremost treat you with respect and care.

Your signature below indicates that you have read this agreement for services carefully, and that you understand and agree to its contents. Please ask me to address any questions or concerns that you have about this information before you sign.

Client name (print)	Date	Signature
Client name (print)	Date	Signature
Counselor (name)	Date	Signature

Complaints about my services or me may be filed with the North Carolina Board of Licensed Clinical Mental Health Counselors, P.O. Box 77819 Greensboro, NC 27417 Their phone number is (336) 217-6007. According to the American Counseling Association's Ethical Guidelines, you should first attempt to resolve your complaint with the counselor directly.