# Professional Disclosure Statement

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The purpose of this document is to provide you with information about my background, our professional relationship, and the therapy process.

## **Qualifications and Professional Credentials**

I am a Resident in Counseling. As a pre-licensed counseling professional, I am providing services under the license of my supervisor: Dr. Tracy Bushkoff, LPC (LIC # VA 0701001581).

As a therapist, I may take notes regarding the sessions. This information may be disclosed within the limits of confidentiality. However, you have the following rights regarding information that the counselor maintains during sessions:

- Right to Inspect and Copy: You have the right to inspect and request copies of information that may be used in my clinical supervision.
- Right to Amend: If you feel that information about you is incorrect or incomplete, you may ask to amend the information. Your request must be in writing and must provide a reason supporting your request.
- Right to Request Restriction on Uses and Disclosures: You may request that disclosure of confidential information be limited to certain individuals.
- Right to Limit Reception of Confidential Information: You may request that I only contact you at a certain telephone number, email, or address.

My supervisor is available if you should have concerns about my work. You may contact her at:

Dr. Tracy Bushkoff tgbushkoff@comcast.net or 703-243-3432

**Professional Affiliations:** 

- American Counseling Association (ACA), Member
- Northern Virginia Licensed Professional Counselors, Member

#### The Therapy Process

A therapeutic relationship between a therapist and a client is a professional relationship. The therapist accepts the client unconditionally, without judgment, disapproval or approval. This facilitates increased self-regard in the client, as they can begin to become aware of experiences in which their view of self-

worth was distorted by others. As your therapist, I can assist you in exploring and resolving difficult life issues as such.

I work with the following clients: Adolescents (13+) and Adults

Some focus areas commonly addressed in my sessions include, but are not limited to:

- Anxiety and Stress
- Depression and Loneliness
- Grief and Loss
- Pregnancy loss and Infertility
- Trauma
- Physical, Emotional, Sexual, and Spiritual Abuse
- Family and Relationship Struggles
- Life Transitions
- Attachment Issues

I primarily work from a holistic, person-centered and relational psychodynamic therapeutic approach with emphasis on family of origin, personal beliefs, mind/body/spirit connection, and attachment styles. I may use applicably appropriate interventions such as mindfulness, CBT, and expressive arts techniques to meet the specific needs of my

clients.

## The Client-Therapist Relationship

You, as the client, may end our therapeutic relationship at any point, and I will be supportive of that decision. If we enter into a professional therapeutic relationship, we will work together to identify your goals. We will examine and evaluate those goals periodically. When necessary, we will adjust your goals to ensure that you are getting the most out of our therapy sessions. If therapy is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

My services are limited to the scheduled sessions we have together. In the event that you feel your mental health requires emergency attention or if you have an emotional crisis, you should report immediately to your local emergency room and request mental health services.

Although our sessions will be very intimate, it is important for you to realize that we have a professional, rather than a personal relationship. Our contact will be limited to the paid sessions you have with me. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. Although you will learn things about me as we work together during your therapy experience, it is important for you to remember that you are experiencing me only in my professional role.

In order to maintain our professional relationship and protect your confidentiality, if we happen to see each other in a public setting, you may approach or acknowledge me, if you feel comfortable, but I will not initiate contact. Email is preferred for scheduling or nonurgent matters. You may text only if you are running late to our appointment. I do not connect with or follow clients on social media. I am also unable to receive gifts.

## Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. You have certain rights of confidentiality outlined within the counselor/client relationship. In practice, issues we talk about in session will remain confidential and I will not divulge such information to others outside supervision. However, the limits of confidentiality can be breached if any of the following occur, and I am required by state law and ACA/NBCC Ethical Codes to release information when:

- You say or do something that seriously threatens your health or safety, such as intent to harm yourself.
- You say or do something that seriously threatens the health or safety of someone else.
- There is reason to suspect abuse or neglect of a child or other vulnerable persons (past, present, or future).
- Disclosure is compelled by order of a court.
- You present a clear and present danger to the safety or security of your community, workplace or nation.
- You request in writing that I breach confidentiality.

Other than these circumstances, our relationship and the information you share will not be disclosed without your full knowledge and written consent.

## Session Fees and Length of Service

Sessions are scheduled for 50 minutes, and the fee for each session is \$150. Cash, credit card, or personal checks are acceptable forms of payment. The fee for each session will be due and must be paid at the conclusion of each session.

CANCELLATION: In the event that you will not be able to keep an appointment, you must notify me 48 hours in advance. If advance notice is not made/received, you will be responsible for paying the full session fee.

I do not bill directly for insurance and am considered "out of network." As a pre-licensed individual, I do not have an NPI, which some insurance companies require for reimbursement. I can provide receipts for you to submit to your insurance company. It is incumbent upon the client to understand their insurance company's requirements for reimbursement of mental health services.

Although it is impossible to guarantee any specific results regarding your therapy goals, I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

## Use of Diagnosis for Insurance Reimbursement

Some health insurance companies will reimburse clients for counseling services and some will not. Most require a diagnosis of a mental health condition and indicate that you must have an "illness" before they will agree to

reimburse you. Some conditions for which people seek therapy do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before you submit the diagnosis to your health insurance company, as I will not work directly with your insurance company.

## Complaints

I abide by the ACA Code of Ethics (<u>http://www.counseling.org/Resources/aca-code-of-ethics.pdf</u>). Although clients are encouraged to discuss any concerns with me directly, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics.

> Virginia Board of Counseling Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463 Phone: (804) 367-4610 Fax:(804) 527-443 Complaints: (800) 533-1560 Email: <u>coun@dhp.virginia.gov</u>

#### **Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

Client	Date
Print Name	
Signature	
Counselor	Date