

Professional Disclosure Statement and Informed Consent for Receipt of Psychological Services

This form is to document that I, _____ give voluntary permission and consent to receiving psychological services from Suzanne LeMere Guerin, Ed.S., M.Ed., LPCA.

Purpose and Background

The purposes, goals and treatment procedures of the psychological services to be provided have been explained to me. Where appropriate, I have also received information about the techniques and methods of treatment used by Suzanne LeMere Guerin as well as any diagnosis. I understand that Suzanne LeMere Guerin is licensed in the Commonwealth of Kentucky to provide counseling services. Further, I have been given the opportunity to ask any additional questions regarding her credentials and expertise.

While I expect benefits, I am aware that the practice of counseling and psychotherapy are not an exact science and effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by my therapist. Potential benefits, risks and limitations of psychological services have been explained to me as well as alternative procedures or interventions if they exist.

Confidentiality

I understand that my conversations with my therapist will almost always be confidential. However, there are some important exceptions to this. I understand that by law, my therapist must report actual or suspected child, elder, disabled person or spouse abuse to the appropriate authorities. In addition, the therapist has a legal responsibility to report to the proper authorities or other persons when a client is a threat to his/her own or someone else's safety. Other reasons that information may not be kept confidential include (but are not limited to) when the client consents in writing, or if a court of law issues a subpoena and information is required to be released by law. Cases are also reviewed during Peer Review and in Clinical Supervision. In the case of some mandated referrals, a referral source may be informed whether the client has kept the appointment and if they are compliant with treatment recommendations. I, the client, will always be made aware if this is the case.

HIPAA

I understand that this consent form acknowledges my right to privacy and the limitations on my privacy. I also acknowledge that I am aware that the Federal Government has a very broad policy concerning the protection of my health information. I acknowledge that I have been given a copy of the "Notice of Privacy Practices". I acknowledge that I was offered this policy statement on the date indicated by my signature below.

Counseling Fee and Length of Session

I understand that counseling and psychotherapy services are rendered on a fee-for-service private pay basis and that payment is expected at the time service is rendered. Private pay rates are as follows; \$45 for a 30-minute brief session, \$75 for a 50-minute individual counseling/psychotherapy session, \$120 for an extended 90-minute individual counseling/psychotherapy session, and \$50 for a 60-minute group therapy session.

Attendance

I understand that regular attendance, a willingness to be open and honest and follow through on treatment suggestions will produce maximum benefits, but that the final decision on what to do is always up to me. In addition, I understand that I am free to discontinue treatment at any time. A termination session may be requested in order to provide for any continuing areas of concern.

I understand that if I need to cancel an appointment, I will need to contact the therapist 48 hours in advance. Any appointment not properly cancelled will be considered a "Missed Appointment" and will be billed at the rate of \$50 per missed appointment.

Contact Information

The office address for Suzanne LeMere Guerin Ed.S., M.Ed., LPCA is 7000 Houston Road, Building 200, Suite 15, Florence, KY 41042. I understand that for routine appointments and information I may call 859-816-4998. If no one is available to take my call, I can leave a confidential voicemail and my call will be returned as soon as possible by my therapist. If I am unable to reach my therapist, have an after-hours crisis or need emergency assistance including immediate psychiatric admission to a hospital for stabilization, I understand that I am to call 9-1-1, call my primary care physician or go to the nearest emergency room.

Education & Credentials

Suzanne LeMere Guerin, Ed.S., M.Ed., LPCA holds both Masters and Specialist Degrees in Counselor Education from the University of Florida. She is a Licensed Professional Counselor Associate in the Commonwealth of Kentucky and receives clinical supervision from Karen Byerly-Lamm, LPCC. Ms. Guerin is a member of the American Counseling Association, Kentucky Counseling Association and the Northern Kentucky Counseling Association. Professional and clinical experience has been gained providing direct therapy and managerial leadership in community mental health and social service agencies, outpatient mental health clinics, a regional federal government employee assistance program and an in-patient psychiatric hospital.

Services Offered

Services offered include adult individual, group, marriage and family therapy to address a variety of issues including, but not limited to: anxiety disorders; depression and mood disorders; chronic pain and illness; bereavement, grief and loss; codependency; life crisis, transitions and adjustment issues; women's issues; stress management; occupational issues and retirement; geriatrics and issues of aging; wellness and positive health.

Counseling Process & Approach

Counseling is a process in which the client gains insight and tools that will facilitate growth and development during counseling and after therapy has ended. Specific outcomes cannot be guaranteed, but client progress will be discussed throughout therapy and changes will be made in our goals and treatment plan as needed. I am aware that while counseling interventions offer potential benefits, they also present possible risks, such as uncovering painful or uncomfortable feelings of sadness, guilt, anxiety, anger or frustration as aspects of my life are discussed. In addition, as I grow as a result of insight gained, I may experience feelings of discomfort until I adapt and adjust to these changes.

Suzanne LeMere Guerin adheres to the highest ethical and professional standards and is committed to providing client-centered, interactive and solution-focused cognitive therapy to a broad range of adult clients. Suzanne's therapeutic approach is to provide support and practical feedback to help clients effectively address personal life challenges. She integrates complimentary methodologies and techniques to offer a highly personalized approach tailored to each client. These treatment orientations include, but are not limited to, Cognitive-Behavioral Therapy, Solution-Focused and Brief Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy informed treatment.

Complaints Procedure

If I am dissatisfied with any aspect of the services I receive, I understand that I can and am encouraged to raise my concerns with my therapist immediately. Dissatisfaction will make working together slower and more difficult if not resolved. If I feel that I have been treated unfairly or unethically and cannot resolve this problem directly, a complaint procedure is available through the therapist's state licensing agency, the Kentucky Board of Licensed Professional Counselors which may be contacted at P.O. Box 1360 in Frankfort, KY 40602.

I certify, with my signature below, that I have read, had explained to me where necessary, fully understood and voluntarily agree with the contents of this Informed Consent for Receipt of Psychological Services.

I release and hold harmless Suzanne LeMere Guerin, Ed.S., M.Ed., LPCA from any action or liability arising out of my participation in treatment.

Signature of Client

Date

Signature of Witness

Date