

Brooke G. Dooley, LPC

Licensed Professional Counselor

1060-B Cliffwood Street

Mount Pleasant, SC 29464

Phone 843.270.8024

Fax 866.624.4986

Brooke@CharlestonCounseling.org

www.CharlestonCounseling.org



Professional Disclosure Statement Client's Rights Informed Consent for Treatment

Welcome to my practice. This document (which is mandated by South Carolina state law and public law 104-191), contains important information about my professional services and business practices. It is designed to inform you about my background and to ensure that you understand our professional relationship. If you have any questions or concerns, please feel free to discuss them with me at our next meeting. Signing at the bottom of page 3 will constitute a binding agreement.

1. **Contact information:** My office is located at 1060-B Cliffwood Street, Mount Pleasant, SC, 29464 and I work part time hours Monday through Friday by appointment only. I am most often not available by phone. My voicemail is confidential and I check messages weekdays and try to return calls by the end of the day. However, please be advised this is an outpatient psychotherapy practice and not a critical care service. If you are in need of emergency mental health care and you are unable to reach me by phone, you should take advantage of community resources available or visit the nearest emergency room.
2. **Qualifications:** I hold a Master's degree in Counseling from Loyola College (1998) and am a Licensed Professional Counselor (LPC) in SC.
3. **Psychological Services:** I work from a strength-based process-oriented perspective, using additional modalities when necessary, and will only accept clients into my practice that I believe I have the competency and training to assist with their issues. These services include therapy involving adjustment to changes encountered by individual, couple or family life cycle development. My services are geared to offer resources that will improve emotional, spiritual and thereby physical health. Psychotherapy has exciting benefits as well as potential risks, including the possible experience of uncomfortable feelings, such as anger, sadness, fear, and guilt. Therapy most often leads to a significant reduction of distressing feelings and leads to greater life satisfaction. However, there are no guarantees regarding the outcome of therapy.

4. **Length of counseling:** Successful management of symptoms determines the length of treatment, but either you or I may terminate the relationship at any time. Ideally, we will agree when it is time for you to stop coming to counseling, so advance notice of your desire to terminate is preferred to help give closure to our work.
5. **Missed sessions:** Each session lasts 50 minutes. If you are late for a session, that time is lost from your session, and if I am late for a session, we will extend the session if you are willing to do so, or we will make other arrangements by mutual agreement. **Since a regular time slot is reserved for you that cannot be offered to anyone else, you will be charged for all missed appointments not cancelled 48 hours in advance.** If I need to cancel an appointment because of an emergency or illness, you will be notified as soon as possible, and we will reschedule for the next time convenient for both of us.
6. **Confidentiality:** Information and/or records concerning your treatment are generally protected by South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (signed only by a judge) but is considered privileged in the federal court system. I am mandated by state and federal regulations, through “duty to warn”, to breach confidentiality if I discover:
A. You are threatening self-harm or suicide or other-harm or homicide. **B.** I am ordered by a court of law in writing to disclose information. **C.** You have broken, or intend to break, a law or laws. **D.** You reveal to me information regarding the abuse or neglect of a person under 18 years of age, elderly or otherwise vulnerable. Additionally, if you wish for your protected health information (defined by HIPAA) to be released to someone (e.g., an attorney, physician, etc.), you must sign a specific release of information. If you elect to use your health insurance to receive services, I must make a formal mental health diagnosis in order to get sessions authorized. **E.** You may choose to provide me with your email address or use texting as a convenient way to communicate between sessions. Please understand that the confidentiality of this correspondence cannot be ensured. If you do not wish for me to email you, please indicate this clearly in your intake paperwork.
7. **Special issues:** **A.** When I meet with an adolescent for therapy, I work closely with the parents as well. Although confidentiality is extended to teens, I make it clear that I will not keep “secrets” from parents involving behavior or actions that may be harmful to the teen, but that each situation is handled on a case by case basis. **B.** I discuss the cases of my clients with a clinical supervisor and other mental health professionals when advisable. **C.** Your public confidentiality is also entitled to respect. There may be an occasion that we will encounter one another outside of the office by chance. In order to protect your privacy, I will not acknowledge that we are acquainted. If you choose to greet me, I will happily do likewise. **D.** I may make recommendations about health and dietary

issues and nutritional supplementation based on my independent study of these topics. Please understand I am not a nutritionist or medical professional and any recommendations should be discussed with your physician.

8. **Ethics:** I follow the Code of Ethics of the following organizations:

- The South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational specialists
- The American Counseling Association
- The National Board for Certified Counselors

Furthermore, any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

9. **Fees:** Current fees are \$95.00 per hour and are due at each session in the form of cash, personal checks or Mastercard/VISA/AMEX or Discover. Fees are subject to change and are reviewed annually.

10. **Informed consent:** You will be asked to sign below. Your signature verifies you have been given this document and the HIPAA document, that you have read and understand these documents, and that you consent to treatment.

“I acknowledge that I have received and read Brooke Dooley’s Professional Disclosure Statement, HIPAA Client’s Rights and Consent for Treatment (version 9/03). I further acknowledge that I seek and consent to treatment with Brooke Dooley, LPC. My signature below confirms that I understand and accept all the information contained in the Professional Disclosure Statement, Client’s Rights and Consent for Treatment (version 9/03). If there are additional persons seeking therapy, please have each of them sign below, indicating agreement with the above statement.”

Client/Responsible Party Signature

Date

Signature of Client #2

Date