

Graduate Student Intern Professional Disclosure Statement

Hickory Grove Counseling Center

7200 E WT Harris Blvd.
Charlotte, NC 28215
Phone: 704-531-4034
Fax: 704-531-4069

My Qualifications: I am currently a student, working on my Graduate degree in Counseling. I am in good standing with my school.

Restricted: I will be working directly under the supervision of Christa B. Phipps, Ph.D., LPCS, RPT-S, NCC at Hickory Grove Counseling Center as well as my professor at my university. This means I will be recording our sessions for my supervision.

Please initial for understanding: _____

Session Fees and Length of Service:

- Sessions are 50 minutes unless otherwise stated
- Because I am a student and not yet licensed in the state of North Carolina there is no fee for sessions.
- I am not qualified to go to court, so if I, or my notes, are court ordered or subpoenaed my supervisor must get involved. At this point, her court fee will go into effect. This fee is \$500.00 for the first 4 hours of preparation and \$160.00 per hour after the initial first 4 hours. You are expected to pay the fee before the court date. An invoice, along with this contract will be sent to each lawyer and the judge.

Please initial for understanding: _____

Confidentiality:

All of our communication becomes part of the clinical record, which is accessible to you upon request for the processing fee of \$25.00. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions:

1. You want to harm/kill yourself.
2. If you want to harm/kill someone else or a group of people.
3. Child abuse/neglect, elder abuse, abuse of the physically or mentally disabled.
4. If I am court ordered or subpoenaed, I may be required to testify or your notes may be requested.

Clients who are minors do not have confidentiality. Parents will be told if the minor wants to hurt him/herself, others, or if they are repeatedly engaging in an activity that could lead to harm or death. The parents will not be told the details of therapy, but will be informed if needed. This is to insure the trust in the client/counselor.

Please initial for understanding: _____

If for some reason we cross paths outside of counseling, I will not act like I know you. This is due to confidentiality. If you choose to acknowledge we know each other that is fine. We can speak briefly. As a student, I am in supervision at school and have to present videotapes of my counseling sessions. Because of this need to audio or video tape you; I will obtain written permission from you and in the case of a minor, also from the legal guardian.

Please initial for understanding: _____

Client Contact Information

To assist with confidentiality, I need to know the best ways to contact you:

- Mailing address: _____

Please note that I will never mail you anything unless you request, I inform you, or you choose to terminate counseling without notice.

- Email: _____

Please note that email is not totally confidential.

- Names and phone numbers in the order you want the therapist to call:

_____ OK to leave message _____
 _____ OK to leave message _____
 _____ OK to leave message _____

Please initial for understanding: _____

How to contact me:

- When not in session, you can call me at the phone number I provide. This is a confidential voicemail.
- If it is an emergency, please call and dial 911 or go to the nearest emergency room.*
- Please do not use phone calls as a counseling session.
- Calls should include quick questions, appointment changes, or emergencies.

If there is an emergency, I need to know whom I can call without breaking confidentiality:

- _____
- _____

Please initial for understanding: _____

Termination:

The end of therapy can happen for a number of reasons:

- The natural ending of the counseling relationship. We will talk about the end of therapy from the beginning. We will discuss the ending process and start meeting less often to help with termination. At the last session, we will go over a termination agreement with suggestions on what to do so you can continue to thrive without counseling.
- You feel your needs are not being met. We can reevaluate goals and see if it helps. If not, I can refer you to someone else. Please do not just stop coming. Allow me to help you find the best counselor for you.
- I feel like I cannot help you. I will refer you to someone else.
- You do not show up for a scheduled appointment three (3) times without any notice to me.

Please initial for understanding: _____

Complaints:

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me by contacting my supervisor Christa Phipps at 704-531-4000 or 704-807-4089

Acceptance of Terms:

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

Client: _____ Date: _____

Legal Guardian: _____ Date: _____

Legal Guardian: _____ Date: _____

Counselor: _____ Date: _____