



Dr. Carol Wright, LISW-CP-S
 CW Counseling and Consulting, LLC
 2400 Second Loop Road
 Florence, South Carolina 29501
 Office: (843) 667-1905 Fax: (843) 667-1723

PROFESSIONAL DISCLOSURE STATEMENT

Thank you for choosing Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, to meet your needs. We warmly welcome you to the counseling process. We strive to deliver the highest quality service in a warm and caring environment. Please let us know if there is anything we can do to make this possible for you. Both South Carolina Law and Public Law 104-191 mandate much of this document; it is provided for your protection. Dr. Carol Wright, LISW-CP-S, of CW Counseling & Consulting, has attempted to anticipate the risks you may face as a result of therapy. If you have any questions regarding the documents you received, please discuss them with your therapist. Professional Practicing Therapists Qualifications:

Dr. Carol Wright, LISW-CP-S, is licensed by the South Carolina Board of Social Work Examiners to practice as a licensed independent social worker in a clinical practice and supervise social workers, counselors, and interns in a clinical practice setting. Dr. Carol S. Wright, LISW-CP, at CW Counseling & Consulting, offers internships and training to master 's-level students. Dr. Wright received her bachelor's degree (BSW) in Social Work from Ohio State University, her master's degree (MSSA) in Social Work from Case Western Reserve University, and her Ed. D from Argosy University in Counseling Psychology.

Martices Pendergrass, LPC, holds a Bachelor of Arts degree in Business Administration from Coker College and a Master of Arts degree in Counseling from Grand Canyon University. He is a Licensed Professional Counselor.

Dr. Sylvia Rogers, LISW-CP, holds a master's degree in social work from the University of South Carolina and a doctoral Degree in General Psychology from Grand Canyon University. She is a Licensed Independent Social Worker CP (LISW-CP).

Services provided by CW Counseling and Consulting LLC include, but are not limited to:

- Comprehensive evaluation, diagnosis, and assessment
- Individuals, couples, groups, and family therapy
- Couple and Marital Development
- Child and adolescent life adjustment, behavioral and emotional problems
- Adult life adjustment problems related to mental/ emotional/ behavioral disorders
- Disability evaluations and testing
- Collaboration/ consultation and coordination with primary physicians, schools, human service agencies, employers, attorneys, and courts.

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Please note that we are not physicians and cannot prescribe medication. However, we can coordinate referrals for such services.

Dr. Carol Wright, LISW-CP-S, is the president and owner of CW Counseling & Consulting. CW Counseling & Consulting is located at 2400 Second Loop Road, Florence, SC 29501. Our standard office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. Our Patients are seen by appointment only. Special appointments for evenings, weekends, and other selected times will be considered. Our telephone number is (843) 667-1905. Our fax number is (843) 667-1723. Our email address is dr.carolwlisw@yahoo.com. It is checked at least twice every working day.

Payment Contracts: *It is customary to pay for professional services at the time they are rendered, before each session. A payment contract will be completed before initiating services. The fee for the initial session (90 minutes) is \$195.00. The hourly cost for individual, couple, or family counseling (60 minutes) is \$155.00, and for sessions of 45-50 minutes, it is \$140.00. Telephonic Assess/Mgmt.; (5-10 minutes) is \$35.00; Telephonic Assess/Mgmt.; (11-20 minutes) is \$54.00 and Telephonic Assess/Mgmt.; (21-30 minutes) is \$66.00 If CW Counseling & Consulting accepts your insurance, you must only pay a copay for your therapy. You will be charged the full fee if you are unsure whether your deductible has been met. We will refund your fee, minus the copay, if we determine that your deductible has been met. If you have any questions about your payment contract, please don't hesitate to ask. You are ultimately responsible for payment regardless of insurance benefits or arrangements. It is this office's professional and ethical responsibility to prevent your bill from accumulating. If a patient cannot adhere to or agree to the payment terms outlined in the contract, we will not provide services and will make referral sources available to the patient. The following services are not typically covered by insurance but are often requested by patients and agencies; therefore, they require a significant amount of time. Please note that the bill for these services will be sent to you if you request them.*

Reports/Letters (Extensive)	\$ 75.00
Reports/Letters (Brief)	\$ 45.00
Court Appearance- per hour	\$ 140.00 *with/without testimony
Observations/Consultations- per hour	\$ 90.00
Phone Consultations- per 15 minutes	\$ 40.00

ADDITIONAL SERVICES FEES

***Any service requiring a therapist to attend a function (i.e., IEP meeting, court testimony deposition, treatment planning meeting) will be billed in hourly increments and include drive time, wait time, etc., in addition to the actual participation in the task.**

Note: If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, this office reserves the option to use legal means to secure payment. This may involve hiring a collection agency or pursuing a claim through small claims court. If such legal action is

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necessary, the costs associated with it may also be included in the claim. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due. **A 2% late fee will be assessed each month on the balance owing after 60 days of nonpayment.**

Returned Checks: A \$35 fee will be charged for returned checks presented for payment. If a second check is returned, payments must be made in the form of cash or money order.

No-Show or Late Cancellation Charges: At CW Counseling & Consulting, we value your time with your therapist and have reserved a specific time just for you. Therefore, if you have a scheduled appointment with your therapist, we expect you to arrive on time. However, we recognize that sometimes you may need to reschedule your appointment (a no-show) or cancel it at short notice (a late cancellation). Cancellations or "no-shows" without a 24-hour notice will incur a fee.

Fees may be waived in extreme circumstances such as death, accident, illness, or hospitalization.

Insurance companies do not reimburse for missed appointments; they are the patient's financial responsibility. The voicemail time stamp will provide evidence of a 24-hour notice of canceled appointments. The cancellation/no-show fee for the first occurrence is \$25.00. Your therapist and the owner may waive the fee or accept it up to three times. However, the full fee (see fee schedule) will be required on the fourth occurrence before any appointments are scheduled. In other words, for example, if you forget about an appointment and call the next day to apologize, then you will have to pay \$25; your therapist may allow you to do that up to 3 times, but the fourth (4th) time it happens, you will have to pay \$75. We take missed appointments seriously because we want you to achieve your goals as quickly as possible, which can only happen if you attend therapy as scheduled. **To avoid being charged the established fee for your therapist's time, you must cancel your appointment within 24 hours. This may be done by calling (843) 667-1905. You may leave a message after hours.**

Please initial to indicate that you have read and understand that you will be responsible for a missed fee if you must cancel an appointment without providing this office with at least 24 hours' notice.

Insurance Reimbursement: If you have a health insurance policy or EAP, you may have benefits for your mental health treatment. This office will check with the insurance/EAP provider to ensure that you have coverage for the services and that CW Counseling and Consulting, LLC is an approved provider. This office will complete the necessary forms and provide any assistance we can to help you receive the benefits to which you are entitled. Please understand that we require certain information (i.e., a copy of your picture ID and a copy of your insurance card) from you to complete these forms and comply with the guidelines set forth by your insurance company and other regulatory agencies.

You are responsible for informing the staff of CW Counseling and Consulting, LLC, of any changes in your insurance coverage, and you will be responsible for any changes not covered by your insurance company, such as costs for phone calls, copies, court appearances, and official correspondence. For example, missed appointment fees will be charged directly to the patient, parent, or foster parent, depending on who is responsible for making the appointments and bringing the patient to them.

Insurance companies/ EAPs often authorize only a few sessions for therapy services. More time is needed to accomplish your treatment goals. If this occurs, we will work together to either authorize additional sessions, make a referral to an approved provider, or arrange a payment plan. Please do not drop out of treatment simply because you cannot afford to pay a bill. Please discuss the options available with us.

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Most insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. Sometimes, companies need additional clinical information, such as treatment plans or summaries. This information will become part of your insurance record. Although insurance companies claim to keep this information confidential, this office has no control over what they do with it once it is in their possession. Sometimes, they may share the information with a national medical information database.

You may request a copy of any information that this office sends to your insurance company on your behalf.

SOVA claims: This office participates in the State Office of Victim Assistance (SOVA) program. Due to some difficulties in receiving payments in a timely fashion, this office handles SOVA claims in the following manner:

- 1.) At the initial referral and before the first appointment, primary insurance coverage will be verified, and patients will be informed of their responsibility to pay copays at each session. If SOVA is your only coverage, you may be required to pay for services, and we will assist with your reimbursement.
- 2.) During the first session, SOVA applications will be provided, and the therapist will assist in completing and submitting them to the SOVA office, along with the bill for the initial assessment. If an application has been made at another agency, you may be asked to facilitate this office getting a copy of the original application. Sometimes, other documentation (e.g., incident reports) must accompany an application, and you may be asked to assist in obtaining that information.
- 3.) Copays will be collected at each session, and primary insurance will be filed, along with the benefits assigned to the therapist.
- 4.) Once SOVA sends the acceptance letter, patients are asked to bring it to the therapist. A bill that reflects all patient payments for services can be prepared for SOVA.
- 5.) Patients can decide whether to have the benefits assigned to the therapist to cover future copays or to have the benefits paid directly to them.

By signing this consent form, you authorize your insurance carrier to assign payments to CW Counseling and Consulting, LLC, for therapy services provided. You also authorize CW Counseling and Consulting, LLC, to bill your insurance company for the services offered. The patient is ultimately responsible when an insurance company does not remit payment for services.

Secondary Insurance: In cases where a patient has both primary and secondary insurance carriers, only the primary insurance will be billed from this office on behalf of the patient. Any copays due from the primary insurance policy are expected to be paid at the time the service is rendered or provided. Patients may request information to submit to a secondary carrier for additional benefits reimbursement.

Out-of-Network Benefits: In some cases, the therapist may not be in-network or on the insurance panel of a patient's insurance provider. For out-of-network incidents, patients will be asked to contact their insurance provider to determine if they have out-of-network benefits. The patient will receive the information needed to file with those policies. Payment for services at the rates listed on the fee schedule is expected during the service.

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Ethics: Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, LLC, and all staff who are employed or interning follow the Code of Ethics of the following organizations: The South Carolina Board of Social Work Examiners for the Licensure of Professional Social Workers and the South Carolina Board of Examiners for the Licensure of Professional Counselors. Any type of sexual behavior between a therapist and a patient is unethical. It is never appropriate and will not be condoned.

Limits of the Therapy Relationship: Psychotherapy is a professional service we can provide to you. Due to the nature of therapy, our relationship must be distinct from most other relationships. It may differ in terms of how long it lasts, the topics we discuss, or the goals of the relationship. It must be limited to the relationship of therapist and patient only. Because we are your therapist, relationships like these are improper:

- We cannot be your teacher, supervisor, or evaluator.
- We cannot be therapists to our relatives, friends, friends' relatives, acquaintances, or business contacts.
- We cannot provide therapy to people we used to know or business contacts.
- We cannot have any business relationship with you besides the therapy itself. For example, we cannot employ you, lend to you, borrow from you, or trade or barter your services.
- We cannot give legal, medical, financial, or other professional advice.
- We cannot have any romantic or sexual relationship with a former or current patient or any others close to a patient.
- We cannot be your friend or socialize with you outside of therapy.

You should be aware that therapists are required to maintain the confidentiality of their patients' identities. Therefore, we will only speak to you if we meet in a public place, such as a grocery store or mall, and if you initiate the conversation. Under no circumstances will we discuss your case with you in a public place. In sum, our duty as therapists is to care for you and our other patients, but only in the professional role of a therapist.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully. This document may be updated without notice, so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in counseling or therapy sessions and most information placed in your counseling/therapy records (all medical records or other individually identifiable health information held or disclosed in any form (electronic, paper, or oral) is considered "protected health information" by HIPAA. As such, your protected health information ***cannot be distributed to anyone else without your express informed and voluntary written consent or authorization***. The exceptions to this are defined immediately below. Additional information regarding your rights as a patient can be found in your therapist's/counselor's Professional Disclosure Statement and Consent for Treatment.

Use or disclosure of the following protected health information does not require your consent or authorization:

1. Uses and disclosures required by law, *e.g., files court-ordered by a Judge*
2. Uses and disclosures about victims of abuse, neglect, or domestic violence, *e.g., Confidentiality/Duty to Warn, are explained in your therapist's/counselor's Disclosure Statement*

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3. Uses and disclosures for health and oversight activities, e.g., correcting records or correcting records already disclosed
4. Uses and disclosures for judicial and administrative proceedings, e.g., *a case where you are claiming malpractice or breach of ethics*
5. Uses and disclosures for law enforcement purposes, e.g., *if you intend to harm someone else (see Confidentiality/Duty to Warn in your therapist's/counselor's Disclosure Statement)*
6. Uses and disclosures for research purposes, e.g., *using client information in research, always maintaining client confidentiality*
7. Uses and disclosures to avert a serious threat to health or safety, e.g., *calling Probate Court for a commitment hearing*
8. Uses and disclosures for Workers' Compensation, e.g., *the basic information obtained in therapy/counseling because of your Workers' Compensation claim*

Confidentiality/Duty to Warn: The information you share with the therapist is generally confidential by South Carolina law and federal regulations. South Carolina can subpoena your therapy file through a court order (signed by a Judge), but it is considered privileged by the federal court system. Dr. Carol Wright, LISW-CP-S, and all therapists of CW Counseling and Consulting are mandated through federal regulation – through duty to warn – to breach confidentiality if the counselor discovers: 1) you are threatening self-harm or suicide, 2) you are threatening to harm another or commit homicide, 3) a child has been or is being abused or neglected, 4) a vulnerable adult has been or is being abused or neglected, and 5) if you wish your protected health information (defined as HIPPA) released to a third party (e.g., an attorney, physician, school personnel, employer, service coordinator, social worker, case manager, Worker's Compensation, Veterans Administration, Social Security, etc.), you must sign a specific Release of Information form.

In addition, if an individual has been court-ordered for counseling services or is in the Department of Social Services custody, the agency may request information about treatment and require that you sign a release of information.

You can limit the information you share with your therapist if you are concerned about potential confidentiality risks. You may share information about your counseling sessions with anyone you choose. If you want your information released to another individual, you will be asked to sign (or have a guardian sign) a release of information authorizing the disclosure.

Informed Consent: You will be asked to sign the last page of this document. Your signature verifies you have been given this document and the following HIPAA document, that you have read and understand these documents, and that you consent to treatment. Further, you need to be aware that:

- The South Carolina Board of Examiners has credentials for the Licensure of Social Workers, and Mr. Pendergrass, LPC, NCC, is licensed by the South Carolina Board of Examiners for the Licensure of Professional Counselors.
- We are not physicians and cannot prescribe medications.
- We may need to consult your physician, attorney, or other counselor.
- We are not available 24 hours a day. Appointments may be successfully canceled up to 24 hours before the scheduled time. If this still needs to be done, you may be charged \$25.00 for a missed appointment. **To avoid being charged the established fee for your therapist's time, you must cancel within 24 hours of your scheduled appointment time. This may be done by calling (843) 667-1905. You may leave a message after hours.**
- We are licensed through the SC Board of Examiners for Social Workers and Mr. Martices Pendergrass, LPC. This Board is in the Synergy Center (Kingstree Building), Columbia, South Carolina, at (803) 896-4652. The mailing address is P.O. Box 11329, Columbia, SC 29211-1329.

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- Treatment isn't always successful and may open unexpected, emotionally sensitive areas.
- Individuals are responsible for any charges not paid by their insurance company.
- Cases are not accepted for counseling services on a contingency basis; payment arrangements must be made in advance or fees paid at the time of service.
- Therapists often consult with other professionals, such as doctors, lawyers, teachers, and caseworkers, during treatment. However, patients must provide their signatures on a release of information form for their therapists to consult with their physicians, attorneys, other therapists, and so on.
- Therapists in this office are not available 24 hours a day. Voicemail and email are provided to leave non-emergency messages throughout the day and evenings. Please allow at least 24 hours for return calls and emails during the week, 48 hours over the weekend, and 96 hours during holidays. Email (if shared by the therapist) is monitored at least once a week.
- A licensed therapist will be available for emergency coverage if your regular or primary therapist is out due to an extended illness, vacation, or other leave of absence.

Your Rights as a Counseling/Therapy Patient under HIPAA

- As a patient, you have the right to access your counseling or therapy file. Psychotherapy notes are exempt from this right because they are subject to special privacy protection under HIPAA regulations.
- As a patient, you can request a copy of your counseling or therapy file. This file copy will consist of only the documents we generated. You will be charged copying fees of \$0.30 per page. Psychotherapy notes are excluded from this right because they are afforded special privacy protection under the HIPAA regulations.
- As a patient, you can request amendments to your counseling or therapy file.
- As a patient, you have the right to receive a history of all disclosures of protected health information. You will be charged copying fees of \$0.40 per page.
- As a patient, you can restrict the use and disclosure of your protected health information for treatment, payment, and operations. If you choose to release any protected health information, you must sign a Release of Information form detailing precisely to whom and the information you wish to be disclosed.
- As a patient, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, as explained herein, have been violated.

Supervision. In this office, we help individuals work towards various degrees and licensures; therefore, you may meet with an individual who requires supervision by others. These graduate students from local universities, such as Francis Marion University's Master's Program in Clinical Psychology, are completing internships before graduation. In addition, we have Master-level therapists working toward becoming Licensed Professional Counselors, Licensed Master's Social Workers, or Licensed Independent Social Workers. These therapists will have met the educational requirements in their program of study. Still, they must complete a two-year supervision process to obtain an LPC LMSW or LISW-CP. There are also those Interns from different Colleges and universities working towards their master's degree in counseling or social work. These students, who have not yet obtained their licensure and are working towards becoming therapists, must receive regular supervision from Dr. Carol Wright, a Supervisor in South Carolina. Supervision requires direct observation of a therapist's skills with patients, which involves joining counseling sessions or recording them in some way. All information discussed during supervision

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is subject to confidentiality rules; therefore, we hope you will participate in these exercises. We believe this to be a collaborative effort that enhances the therapeutic experience. You or your family will get a team of therapists collaborating and working together to provide the best possible care. If at any time, you become dissatisfied with the service you are provided. In that case, you can request a meeting with your supervisor and the team to review the treatment and discuss any necessary changes. If you are willing, please initial the statements below.

Please initial that you are aware that someone else is also supervising your therapist.

_____ Please initial your consent for the recording and videotaping of sessions for supervision purposes. _____

If you are not willing to meet with anyone who is under supervision or have your case (or your child's case) be used in supervision, then please initial here: _____

Before your counseling or therapy session, you will receive the following:

1. Professional Disclosure Statement/Consent for Treatment and Confidentiality Policy
2. HIPAA Notice and Rights information
3. Payment Contract Form
4. Authorization to Release Form
5. Contact Form

You must sign an acknowledgment form indicating that you have received, read, and understood both documents. These documents will be placed in your counseling/therapy file. Please only sign the certificate if you understand all parts of the Professional Disclosure Statement/Consent for Treatment and Confidentiality policy, or HIPAA Notice and Patient Rights, and the information. Your therapist will be happy to explain these documents further if needed. Contact Information:

The office of Dr. Carol Wright, LISW-CPS, CW Counseling & Consulting, LLC, is located at 2400 Second Loop Road, Florence, SC 29501. This is the central contact for appointments, concerns, complaints, and recommendations regarding services. CW Counseling & Consulting also provides contractual services for therapy with other professionals. Office hours are by appointment only, and all appointments are made through the facility.

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Acknowledgment of Informed Consent

Name _____ Date _____

Date of Birth _____ Social Security # _____ Address _____

I acknowledge that I have received, read, and been allowed to ask questions about the **Professional Disclosure Statement, Consent for Treatment & Confidentiality Policy, the HIPAA Notice, and Patient's Rights Information**. I further acknowledge that I seek and consent to treatment for a minor child or myself. My signature below confirms that I understand and accept all the information in these documents.

 Signature of Patient

 Date

 Signature of Counseling Staff

 Date

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Other Participants in Counseling Services

☐ Family Member: _____ Initials: _____

Restrictions: _____ ☐

Family Member: _____ Initials: _____

Restrictions: _____ ☐

Teacher: _____ Initials: _____

Restrictions: _____ ☐

Other School Staff: _____ Initials: _____

Restrictions: _____ ☐

Other: _____ Initials: _____

Restrictions: _____

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CW Counseling and Consulting, LLC

Acknowledgment of Informed Consent To Treat a Minor

Name of minor patient: _____

Date of birth: _____

This is to certify that you permit CW Counseling and Consulting, LLC, to treat your child, _____ . Treatment may include individual or group psychotherapy and counseling. This treatment may consist of referrals to appropriate State, County, or other professional agencies.

One of my stipulations in treating your child is that you, as a parent/guardian, also be involved in the therapeutic process. By signing this consent form, you also agree to attend occasional sessions at which we request your presence.

In addition, you, as a parent/guardian, agree to the following stipulations:

- Although your child is a minor, he/she has the right to confidentiality. This confidentiality is crucial for a child to feel safe and secure in the counseling environment and a necessary ingredient for treatment success. You agree to respect and uphold this right to confidentiality. Children aged 14 and older have the right to full patient privilege. Parents of children younger than 14 have the right to information regarding the minor's treatment so long as it is in the child's best interest.
- In cases of divorce or parental conflict, you agree not to request that I participate in any court proceedings, including but not limited to testifying, providing records, or writing letters of summary or recommendation.

**I have a legal right to ☐ sole/shared medical decision-making regarding the following children:

I understand that I may revoke this authorization by submitting my request in writing to CW Counseling and Consulting, LLC

Signature of Parent or Legal Guardian	Name (please print)	Date
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CW Counseling and Consulting, LLC Staff	Date
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**In cases of joint custody or shared allocation of parental responsibility for medical decisions, a copy of the divorce decree and custody order, along with signatures indicating consent from both parents, are required to treat a minor, except in emergencies.

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