

Disclosure Statement

Arizona State Licensed Professional Counselor: LPC-16478

Welcome!

I look forward to working with you. I know that starting therapy is a major decision and you may have many questions. The purpose of this document is to inform you about my counseling services and business policies. Please read this agreement very carefully. The Arizona State Board of Behavioral Health Examiners requires that I obtain your signature acknowledging that I have provided you with this information. You may ask questions about any of these procedures at any time.

Degrees and Training

I am a Licensed Professional Counselor in the State of Arizona and an EMDR Certified Therapist. I received my Bachelors Degree at Northwest University in 1999, and my Masters of Arts in Counseling Psychology at Northwest University in 2007. During my licensing period, I worked at Catholic Community Services as a child and family therapist where I became a Children's Mental Health Specialist. I am a member of EMDRIA and AzTRN. I currently have a private practice Scottsdale where I serve teens and adults in individual and family therapy.

Counseling Orientation

I view the counseling process to be a relational experience. We will spend time exploring specific problems that have brought you into the counseling office and the nature of the relationships with the people who are most significant to you. I focus on both your problems and your styles of relating because I believe that the complexity and intensity of your problems are rooted in relational issues. Our work will be done primarily through conversation, practice of mindfulness, and EMDR. Counseling involves interactions that may be very emotionally painful for you, in order for you to come to a place of healing. In therapy, I utilize a variety of modalities depending on your symptoms and goals. Your treatment might include a combination of Cognitive-behavior therapy, Contemporary Psychodynamic therapy, EMDR (information reprocessing), and Postmodern approaches. What this means is that I may collaborate with you on ways we may enhance and extend the therapy throughout your week by reading, journaling, or utilizing newly skills. Certain problems have a physical component and in such cases, medical consultation will be necessary. With adolescents and children I may incorporate games, art therapy, physical activity, or stories.

Scheduling and Treatment

Appointments are generally made on a weekly basis and are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of the session. The length of treatment depends upon your goals, motivation, personal effort, and the nature of your problem(s). We will discuss the length of treatment after we have determined your goals.

Confidentiality

Anything you say in the counseling office will be kept confidential. As a professional, I strive to maintain strict ethical standards. However, there are a few legal exceptions to confidentiality. The following situations are legal reasons that I am required to break confidentiality. 1) If you give written permission to share information. 2) Anything that suggests a crime or harmful act, such as suicide or homicide. 3) If you are a minor and indicate being a victim or subject of a crime. 4) If information you have revealed to me is subpoenaed. When possible, we will discuss any exception to confidentiality as they arise.

Minors: Parents/Guardians and minors: please read carefully

If you are under 18, specific details of our communication will remain confidential; however, your parents do have a right to your medical records. It is my policy to request that parents agree to give up access to your records (If they agree, I will provide them with only general information about our sessions, unless I feel that there are safety concerns, particularly if I feel there is a high risk of you harming yourself or others). Prior to presenting parents with any information, I will discuss the particular matter with the minor and, if possible, I will try my best to resolve any objections. However, I will provide parents with a verbal summary of your treatment when it is at their request.

Billing and Insurance Information

The fee for counseling is \$130.00 per 45-50-minute individual session and \$200.00 per 90 minute EMDR, couples or family sessions. Longer or shorter sessions will be billed in 15 minute increments. Payment in cash, check, or bankcard is made at each session. Please make checks payable to: Sheila Weisbrod. You will be charged for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (illness and emergencies excepted). I am currently in network with AZ BCBS, Aetna, and UHC and will bill those sessions for you. All other insurances are paid at time of services and I will provide you with a super receipt to use for reimbursement or your health savings account (HSA). Calling your insurance company prior to your first appointment is recommended to confirm reimbursement of an out of network provider.

In addition to weekly appointments, I charge a \$130.00-per hour rate in 15 minute increments for other professional services you may need. These services may include, but are not limited to: Report writing, correspondence, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time I spend performing other professional services. If you are involved in legal proceedings that require my participation, you will be expected to pay for all my professional time, including participation and transportation costs (even if another party requires my attendance). I charge a minimum of \$450.00 per hour for my time in any matter associated with any type of legal proceedings.

Consultation

I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspective and ideas for the best way I can help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

Choosing a Counselor

You have the right to choose a counselor that best suits your needs and goals. You are voluntarily agreeing to our counseling and can terminate at any time. If you decide to end our time together I would welcome the chance to offer you a referral to another counselor.

Emergencies

Email is not to be utilized as a mode of communicating with me about important clinical matters. In the event of a psychological emergency, and you are unable to wait for me to return your call, please contact the CRISIS HOTLINE at 602.222.9444 or call 911. You may leave a message at 480-787-1676. I check regularly for messages, please limit the conversation needs to appointment scheduling and not emergencies. I often do not have access to email during the day. Please do not use email for urgent messages or emergencies.

Termination of Services

Participation in psychotherapy is voluntary and collaborative; however, both you and I have the right to terminate the services at any time during the duration of treatment. After 30 days with no contact from you, I consider my services terminated. After termination, our professional relationship may be renewed should we both agree to do so.

Consent for Treatment

I the undersigned have read the information presented in this form. I have asked questions about these policies and understand them. I agree to the treatment under the terms described above.

Client Signature

Date

Parent or Legal Guardian

Date

Client Signature

Date

Therapist Signature

Date