**Professional Disclosure Statement/Informed Consent**

Thank you for choosing A+ Counseling & Consulting, LLC. We realize that the decision to participate in counseling services can be a major decision. Therefore, we have prepared this document to inform you of our policies, state/federal laws, what to expect from the counseling process, as well as your rights as a client. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

**ABOUT US**

Aldric Browne is the owner and primary counselor. He is a licensed professional counselor (LPC) and a national certified counselor (NCC). He obtained a Master’s Degree in Psychology from USC-Upstate in May 2007. He also has a Master’s Degree from Capella University in Mental Health Counseling.

The preferred counseling orientation is based on person-centered and cognitive-behavioral theory. However, counseling is individualized for each client and occurs within the context of each client’s belief. During the counseling sessions, you will be encouraged to explore your problems, experiences, thoughts, and emotions.

**SERVICES OFFERED**

A+ Counseling & Consulting, LLC offers a number of therapeutic services to include, but isn’t limited to:

* Individual (Adults & Adolescents)
* Family
* Groups

**COUNSELING RELATIONSHP**

The counseling relationship between client and counselor is intended to be therapeutic. However, this relationship is a professional relationship only. I will not attend your social gatherings, accept gifts from you, barter or exchange services, write personal references, attend social events, or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. You reserve the right to terminate services at any time.

**CONFIDENTIALITY**

The information you share during your counseling session is protected health information and is considered confidential by both South Carolina Statute law and federal regulations. No information will be released about you without your written consent unless mandated by law. If you wish for information to be released to another party, you must sign a *Release of Information Form*. Possible exceptions to confidentiality include, but aren’t limited to the following:

* Threats of self-harm or suicide
* Threats to harm another or homicide
* Child abuse or neglect
* Vulnerable adult abuse or neglect
* Those required by a court order/law
* Diagnosis and dates of service shared with your insurance company (if billing insurance) for collected payments
* Information necessary for supervision or consultation

**APPOINTMENTS & SESSIONS**

Clients are seen by appointments only. Sessions will last approximately 50 minutes. Appointments are made by calling (843)589-1517. **A credit/debit card is required at the time of booking. Your card will not be charged. However, your card will be charged in the event of late cancellations/No Shows. NO EXCEPTIONS**. Appointments are scheduled Monday-Friday between the hours of 9:00AM-7:00PM and on Saturdays 9:00AM-12:00PM. Sundays by appointment only. Later appointments can be scheduled outside of the established hours but is at the discretion of the counselor. Counseling sessions are expected to begin and end on time.

**CANCELLATIONS**

If you need to cancel an appointment, please call to reschedule or cancel at least 24 hours in advance of your scheduled appointment, or **you will be charged a $25 Late Cancellation fee. You will be charged the Full Session Price for No Show appointments.** Fees must be paid before the next appointment can be scheduled. Clients who repeatedly miss appointments will be discharged from services.

**AFTER-HOUR EMERGENCIES**

A+ Counseling & Consulting, LLC does not have 24-hour emergency or “on call” coverage. If you experience a psychiatric emergency, you should call 911 or immediately go to the nearest hospital emergency room rather than waiting for me to call you back.

**FEE INFORMATION AND INSURANCE**

Professional fees are based on 45-50-minute sessions, with the initial session at $100 for adults, $80 for adolescents, and family for $120. Unless otherwise discussed, payment must be rendered at the time of service. Payment can be made by cash, check or credit/debit card. Payments are due at the start of each session. Please speak with me regarding concerns about fees or charges. There is a sliding scale, but documentation must be provided. Balances must be paid within 30 days, or you will not be able to schedule another appointment until it is paid. If you elect to use your health insurance, you are responsible for contacting your insurance provider and inquiring about their coverage and procedures for filing reimbursement. If your insurance doesn’t cover your services, you will be responsible for the full fee at the time that services are rendered. Your copayment is due at the time of service. Your copayment will vary depending on your Health Insurance Company and coverage. **You are responsible for the payment of all charges and any balances due.**

**COMPLAINTS**

If you are dissatisfied with my services at any time, please address them with me to make our counseling sessions more effective and productive. If you as a client, feel in any way that you have been treated unethically by me, and believe the issue cannot be resolved within the counseling session, please contact: SC Board of Examiners for The Licensure of Professional Counselors; this Board is located in The Synergy Center (Kingstree Building) in Columbia, South Carolina at 803-896-4652 (mailing address is P.O. Box 11329, Columbia, SC 29211-1329).

I have read and received a copy of the **Professional Disclosure Statement/Informed Consent**. I understand this information and had an opportunity to ask questions. I agree to the information outlined above and agree to participate in services with A+ Counseling & Consulting, LLC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent (If client is a minor) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor Date