

New Path Christian Counseling Professional Disclosure Statement
for
Corey DeGiacomo

Welcome! This paperwork has been prepared for you to inform you of Corey DeGiacomo's qualifications and what you can expect from him as a therapist working for New Path Christian Counseling. Please read this form carefully and sign/initial in the appropriate places. Feel free to ask questions or discuss this information with Corey at any time.

A. Treatment:

As a student therapist, Corey will often use a variety of treatment modalities which include Individual, Couple, Family, and Play therapy. The first few appointments are used to give the therapist and client(s) a chance to determine what needs and goals the client may have. The therapist's treatment approach is based upon each client's specific clinical needs as identified during the initial sessions and counseling options, there by a plan for treatment will be determined. A client's needs sometimes change throughout counseling, which may necessitate a reevaluation of the treatment plan.

You may leave therapy at any time. If you decide to discontinue therapy, you are encouraged to discuss your decision with the therapist. If a problem is outside the boundaries of the therapist's competence (legal issues, financial planning, medication questions, etc.), he will refer you to another professional.

B. Code of Ethics:

As a marriage and family therapy student, Corey endeavors to adhere to the American Association for Marriage and Family Therapy ("AAMFT") Code of Ethics and the laws of the state of Oklahoma.

C. Formal Education and Training:

Bachelor of Arts in Religion

Master of Arts in Theology/Philosophy

Currently pursuing a Master of Science in Marriage and Family Therapy.

As a MFT student, Corey is supervised by a Marriage and Family Therapy graduate faculty member of Oklahoma Baptist University.

D. Professional Boundaries:

Corey will not acknowledge the existence of your relationship outside of the therapy session unless initiated by you. The therapeutic relationship is a professional relationship and therefore there will not be a social or business relationship at any time. Such a relationship, in our view, would undermine our purposes of therapy and limit the process. Given this, a therapist does not participate with clients in social networking sites or as an employment reference.

E. Risks in Counseling:

Counseling may be tremendously beneficial, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual's thinking, and calling into question some or many of your beliefs and values. For couples counseling, although the goal is to improve communication and increase closeness, there is no guarantee of those results. The therapist is available to discuss any of your assumptions, concerns, fears, issues, problems, or possible side effects of our work together.

Initials here indicate your understanding and acceptance of the above: _____

F. Your rights as a client:

1. You are entitled to information about any procedure, method of therapy, techniques, and possible duration of therapy upon your request. If you desire, the therapist will explain his usual approach as well as qualifications.
2. You have the right to decide not to receive therapeutic assistance from Corey or to get a second opinion from another therapist. He will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to expect confidentiality within the limits described as follows. There are certain situations in which the therapist is required by law without your permission to reveal information obtained during therapy. These situations are: (a) if you threaten bodily harm or death to yourself or another person; (b) if New Path or the therapist is compelled by a court of law; (c) if you reveal information relating to physical abuse, sexual abuse, or neglect of a child or elderly person. With respect to child abuse, New Path nor the therapist is permitted to investigate if the information is true or not. The therapist is considered a “mandatory reporter” and must report any information of the abuse of a child.

Also, the therapist may discuss certain aspects of our sessions in consultation or case presentations with other therapists. No identifying information will be disclosed. Everything discussed in consultation is confidential. The purpose is to aid and enhance our counseling sessions and the therapist’s training.

In addition, for couple’s counseling and family counseling, the therapist maintains a “no secrets policy.” He believes that secrets hinder the intimacy building process. Therefore, anything one partner tells me outside the presence of the other partner may be discussed with either partner based on the therapist’s professional judgment.

See the “Notice of Privacy Practices” for further explanation of how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule applies to counseling.

4. Email/text communication: Your confidentiality rights described in #3 above apply to email and text communication. However, email and text have certain risks that are not present with speaking in person or phone calls. The risks of email and texts are that they could fail to be received if sent to the wrong email address or phone number or if the recipient just does not notice them. Others who have access to the email account, computer or phone as well as hackers or Internet service providers could breach confidentiality in transit or at either end. To mitigate the risks with email the therapist uses passwords to protect confidentiality on their end. Nevertheless, if you wish to avoid these risks, please let him know by selecting “No” under the “Messages OK” box on the “Client Information” sheet next to your email address. If you’ve checked “yes” in the “Messages OK?” box, The therapist may use the email address provided as well as any other email address you may later provide to him for direct communication with you. If you initiate a text to him, the therapist assumes it is OK for him to reply via text unless you state otherwise. The therapist suggests email and text are only used to schedule appointments.

5. You have the right to end therapy at any time without any moral, legal, or financial obligation other than those obligations already accrued including, but not limited to, the right to pay for services already rendered and cancelation fees.

6. If you request in writing, your records can be released to any person or agency you designate (note that consent from all clients in the treatment group is needed for a release of records). Also, you may authorize me, in writing, to consult with another professional about your therapy.

7. The therapist may not always be immediately available to you. If you are having thoughts of suicide and are unable to speak with me, please contact the National Suicide Prevention hotline at 800-273-TALK (8255), or 911 or go to the nearest emergency room.

Initials here indicate your understanding and acceptance of the above: _____

G. Appointment Issues:

1. The therapist expects 24-hour notice from you if you need to change your appointment time. If the therapist is not given this notice, he will expect payment for the scheduled time at our agreed upon rate. For clients in couple's counseling, unless we have planned otherwise, both partners must be present at the appointment time for the session to begin and continue. Children are not permitted in the counseling room except when part of a scheduled family session.
2. If you are late for a session, the time of your session may be shortened as we will have to end at the scheduled time, but you will be required to pay for a full session.
3. If you haven't called the therapist and are late for an appointment, he will wait for up to 15 minutes, and then assume you are not coming. The regular fee will still be expected for the time he reserved for you.

H. Recording Sessions

1. As set out herein, the therapist (Corey) is currently a student in a Marriage and Family Graduate program at Oklahoma Baptist University. As part of that process, he regularly meets with a supervisor and at times other student therapists to discuss his cases. With your permission, he will videotape sessions for the sole purpose of assisting in these discussions. Recordings will never be shared with anyone other than his supervisor, other student therapists, and/or faculty members associated with his degree program, who are also bound by confidentiality and will be destroyed no later than the completion of said degree program. As with any other record, the therapist will adhere to strict legal and ethical standards concerning confidentiality and protection of your privacy.

I. Financial Consideration

1. ***In Office:*** The standard fee for therapy with Corey DeGiacomo, as set by New Path Christian Counseling, is **\$25 per 45-50-minute session** ("Agreed Upon Rate"). If we agree to longer or shorter sessions, you will be charged accordingly.
2. Payment in full is expected at the beginning of each session and is made with cash or check only. Checks should be made out to New Path Christian Counseling.
3. There is a \$15 fee for returned checks.
4. Therapists have a right to seek legal recourse to recoup unpaid balances. In pursuing these measures, the therapist will only disclose contact information and the amount owed, in order to ensure confidentiality. In the event that it becomes appropriate for me to resort to legal remedies to collect any amount you owe, then in addition to the balance due you will also be responsible for all costs of collections, attorney's fees, court costs, and all other related expenses including interest thereon at the highest lawful rate.
5. When diagnostic testing is appropriate and recommended, some psychological assessment needs may be referred to another mental health professional who will determine his or her own fee.

Initials here indicate your understanding and acceptance of the above: _____

Consent to Treatment:

I affirm that prior to becoming a client of New Path, the therapist gave me sufficient information and opportunities for discussion/questions in order to understand the nature of therapy and the nature of confidentiality. In accordance with HIPPA regulations, a copy of the "Notice of Privacy Practices" has been made available to me. I consent to participate in evaluation and treatment, and I understand that I may refuse services at any time. I am also aware that the therapist will periodically consult with clinical supervisors, as required, on client issues. I have read the above and both understand and agree to the financial consideration and the appointment policy. My signature below affirms I am informed and voluntary consent to receive therapy in full accordance with the terms set forth herein. With the understanding of the above information and conditions, I agree to participate in therapy.

Signature _____ Date _____

Signature _____ Date _____

Therapist's Signature _____ Date _____