



Susan Blank, LPC, NCC

OFFICE POLICY AND DISCLOSURE STATEMENT

Welcome! I look forward to working together with you to resolve the issues you are seeking to change. Georgia State law requires that this document be read and signed by you before therapy begins. If you have any questions or concerns, please talk with me about them.

Appointments: Appointments last for 55 - 60 minutes for individual sessions and between 55 - 90 minutes for couples sessions.

Therapeutic Approach: My approach to therapy is focused on facilitating change in both perception and behavior leading to enhanced quality of life. The process is focused both historically (looking at early developmental experience) and in the moment (current perceptions, fears, and values that shape our current behavior). I find we each view the world in a unique way related specifically to our own developmental experiences and that view shapes what we expect from ourselves and others. It affects the decisions we make, and the direction our life takes, sometimes without us being fully aware of this powerful influencing force. My treatment focuses on increasing awareness and understanding of both the way we view the world, and the experiences that shaped that view. I believe that such understanding can begin to introduce choice into thought and behavior that was previously determined by our unexamined frame of reference.

Frequency: Generally, sessions are held weekly in the beginning of therapy. The first 1-2 sessions are an assessment of your specific needs and a discussion of the goals of therapy. After that point, it is up to you to decide the pace at which you desire to proceed with counseling.

Insurance: I do not bill directly to insurance companies; however, I will prepare a statement for you to present to your insurance company for out-of-network reimbursement if you believe that your services might be covered. Please discuss this with me if you think it might be an option for you.

Cancellation Policy: The regular fee will be charged for all appointments not canceled within 24 hours of the appointment time.

Benefits of Counseling: One major benefit of counseling may be a resolution of the concerns which brought you to therapy. Other possible benefits often include a better ability to cope with interpersonal relationships or other life stressors, a greater understanding of personal goals, increased personal insight, and spiritual growth.

Risks of Counseling: I would like to discuss possible risks of counseling in order to help you make an informed decision. You may experience discomfort as increased feelings of anger, grief, depression or frustration may surface initially. Relationship work can uncover unexpected information which can significantly alter relationships in unintended ways.

Termination of Counseling: You will be in charge of the pace that we precede, and you have the right to refuse or terminate therapy at any time. It is helpful to work together in the process of termination. Bringing closure to the work of therapy can be empowering and very rewarding.

Emergencies: In the event of an emergency, please call **911** or call the **National Hope Network at 1-800-784-2433**. I cannot provide emergency services; if you believe that you will require emergency treatment on a regular basis, I will refer you to an agency which can provide such services.

Confidentiality: Confidentiality is a critical foundation to creating a safe and beneficial therapeutic relationship. To those ends, I will keep private all information shared with me, as well as your identity as my client, to the full extent allowed by law unless I have received your written permission to do otherwise. When working with a couple or family, I believe that progress can best be made when there are no family secrets, therefore I do not keep secrets between family members. When working with individuals, I will respect your desires in terms of any communication with family members. Please be aware that in certain circumstances, I will be required by law to release information to responsible authorities. This is meant to ensure your safety, and the safety of others, and would only occur in unusual circumstances including:

- If I suspect that you are in serious danger of harming yourself or another person.
- If I suspect that a child, teenager, or dependent adult is being abused or neglected.
- If I receive a court order to share specific information with a judge.
- If I am required to disclose confidential information, due to the above reasons, I will do my best to discuss it with you beforehand.

Client Signature: _____ Date: _____

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