

Disclosure Statement and Consent Agreement

Bruce Dodson, MA, LPC

- Licensed Professional Counselor
- National Board Certified Counselor

I am pleased to have the opportunity to serve you and have included some information you may find helpful for your visit.

Messages: You may call 501-318-1337 with questions and appointment request and your message will be taken by Voice Mail. I will contact you at my earliest opportunity during my normal work schedule.

In case of an emergency go immediately to your nearest Emergency Room, or call 911.

Availability: I do not provide 24 hour/ 7 day per week on-call service. There are days each week when I am not in my counseling office. If this does not fit with your needs, you may wish to seek therapy in a place where this type of service is provided. I would be glad to help you with a referral.

Appointments: Services are by appointment only. This time is reserved for you only. ***It is therefore necessary to charge for failed appointments which are not canceled 24 hours in advance. I cannot bill your insurance for missed appointments so you will be responsible for the entire fee.***

Fee Policy:

My fees are based on the Fee Policy provided. Please review this policy. I accept payment with cash or check.

I have read and understand the information contained in the Fee Policy. Please check one of the following appropriate statements.

☐ I will be paying with cash or check at the time of service and I agree to a payment of \$160.00 per session.

☐ I will use my BCBS health benefits. I agree to pay my co-pay amount of _____ at the time of service, or the percentage of the BCBS allowable charge established by my benefits in the amount of _____.

In case of overdue accounts, I reserve the right to take necessary collection procedures. I will work with you when appropriate to make payment arrangements. If you are unable to pay at the time of service, please bring this to my attention so that me may agree on an arrangement for payment. Chronic nonpayment of fees is appropriate grounds for termination from counseling services.

Ethical Standards: The practice of counseling is regulated by the Arkansas Board of Examiners in Counseling and Marriage and Family Therapy, Act 593 of 1979 and Act 244 of 1997, The address and telephone number of the Board is: 101 E Capitol, Suite 202, Little Rock, AR 72201. 501-683-5800. If you have a complaint about my services I would ask that you discuss this with me during our counseling session so that we might address your concerns together.

If you feel that a complaint should be filed against me, you can do so by contacting this board.

You may seek a second opinion from another counselor or may terminate counseling with me at any time. If you would like my help with a referral or recommendation I am glad to assist with this.

The practice of counseling in Arkansas is held to the Ethical Standards of the American Counseling Association.

Confidentiality:

In the State of Arkansas any client of a licensed counselor licensed by the Arkansas Board of Examiners in Counseling and Marriage and Family Therapy, Act 593 of 1979 and Act 244 of 1997 have privilege communication. This is the same privilege communication that a client has with their lawyer. In order to release information to anyone, especially in a court of law, requires a written release from all parties under counseling, with the exceptions noted in the following paragraphs. In the context of marriage and relationship counseling, both parties must agree for me to release confidential information.

All information provided by and to a client during counseling sessions is legally confidential with the following exceptions: when you direct me in writing to release information to someone else, and when there is serious potential for suicide or physical harm to self or others. I am also obligated by law to report any known or suspected child/elderly citizen abuse and neglect. Otherwise, information cannot be disclosed without the client's written consent. Your signature below does authorize me to file insurance claims on your behalf when part of our financial agreement includes insurance filing.

Our sessions will be confidential in order to develop a therapeutic relationship. The issues discussed in counseling sessions will not be discussed with anyone outside the counseling session by your counselor. It is important for you to realize that we have a professional relationship, rather than a personal relationship. Our contact will be limited to the paid sessions that you have with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way outside the counseling sessions. If we meet outside the counseling session I will not indicate that I know you (unless you choose to speak to me), or speak of or discuss any issues that are related to your counseling.

You will be best served if the relationship stays strictly professional and our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are only experiencing me in my professional role. It is important that a therapeutic relationship exist so that your issues can be discussed without fear of others learning of them.

I do not accept friend request from current or former clients on social media or social networking sites due to the fact that these sites can compromise client's confidentiality and privacy. For the same reason I request that clients do not communicate with me via any interactive or social networking websites.

Please restrict email and text communications for appointment setting and rescheduling purposes only. No personal or sensitive information should be shared through email or text messaging.

Therapeutic Expectations: My role as a counselor is to assist and challenge you in movement toward your goals and increased emotional, physical, and spiritual health. Your willingness to participate in the counseling process is essential for this growth to occur. While some clients may only need a few sessions to feel successful in accomplishing their goals, others may require months or even years of counseling. The duration of counseling is determined individually on a case by case basis depending on the client's needs.

Benefits from counseling depend upon many factors, such as keeping your appointments, providing accurate information to your counselor, being receptive to change, and be willing to complete any assigned work before the next session, I assure you that my services will be provided in a professional manor based on ethical and legal standards of practice according to the most current ACA Code of Ethics.

Counseling services are voluntary in that you decide what issues to discuss in your sessions or if you want to schedule more counseling sessions unless court ordered or job related. A decision to terminate the counseling relationship is best implemented when it is a decision arrived at through an agreement of both you and your counselor.

My practice and methods of counseling consist of methods and theories that address the whole person (body, mind and soul) influenced by Adlerian concepts. My methodology is informed by developmental theories of human growth and change, awareness of self, acceptance and experiential change. I also use some forms of Cognitive Behavior based techniques. I believe in being a person centered and supportive therapist for my clients.

I welcome and work with clients from a variety of spiritual backgrounds or with no spiritual preferences, I do have a Christian worldview that informs how I understand people, problems, and lifes difficulties along with solutions as I serve my clients. This orientation informs how I use and implement proven and effective treatments and interventions commonly found in the field of psychology and counseling.

I do reserve the right to make therapeutic decisions regarding your treatment, which may include referring you to another counselor and/or terminating treatment. That decision will be discussed and processed together when applicable.

If you are not satisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, I will assist you by making an appropriate referral to the proper service or counselor.

Credentials: You are entitled to the name, business address, business phone number, and a listing of degrees, credentials, and licenses of the counselor providing counseling services to you. I hold a Master of Arts degree in Counseling from Denver Seminary, and a National Certification from the National Board for Certified Counselors. I am licensed as a Licensed Professional Counselor by the State of Arkansas.

Court Appearance: If I am subpoenaed to testify in any court setting you will be charged a daily rate of \$1,000.00. This will have to be paid in cash or cashiers check prior to me going to court.

Incapacitation: In the event that I am unexpectedly unable to continue providing counseling services to you due to my illness or death, Karen Bozeman LCSW will be my Records Custodian and referral coordinator. She will have no access to your file or information prior to such an event.

Client signature (parent or guardian for minor)

Date

Client Signature

Date