

Professional Disclosure and Consent for Treatment with Beth Keyserling, LMFT, LPC

The majority of this document is mandated by both South Carolina State Law 104-191: it is provided for your protection. I, Beth Keyserling, have tried to anticipate the risks that you may face as a result of being in therapy as well as being made aware of information of which you need to be clearly informed. If you have any questions regarding any documents that you have received please feel free to discuss them with me.

Informed Consent: You will be asked to sign the last page of this document. Your signature verifies that you have been given this document, are clear about your HIPPA rights, and that you consent to treatment with Beth Keyserling. It also acknowledges that you are aware of the following:

* Beth Keyserling is not available 24 hours a day. If you are in immediate danger you need to go to your nearest emergency room or call 911.

- Beth Keyserling is not a physician and can NOT prescribe medications.
- Beth Keyserling may need to consult with your physician, attorney, or other counselor.
- Appointments may be cancelled prior to 24 hours before session without a charge. However, if you cancel in less than 24 hours you will be charged for the session. Your insurance cannot be billed for a missed session so you will be billed for missed session.
- Treatment is not always successful and may open unexpected emotionally sensitive areas.
- Beth Keyserling is licensed through the SC Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists. This board is located in Columbia, SC (803)896-4652 Box 11329 Columbia, SC 29211-1329.

Ethics: I follow the Code of Ethics of the following organizations:

- The South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and psycho-educational Specialists.
- American Association of Marriage and Family Therapy.
- Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

Confidentiality: The information that you share with me is generally considered confidential by SC statute laws and regulations. Your therapy file CAN be requested by subpoena in SC. If your file is COURT ORDERED BY A JUDGE then I am required to give it to the court and it is considered privileged information in the federal and state court system.

I am mandated by state and federal regulations through "duty to warn/protect", to breach confidentiality if I discover the following:

- 1) you are threatening to self-harm or suicide
- 2) you are threatening to harm another person or to commit homicide
- 3) you tell me about a child who has been or is being abused or neglected
- 4) you tell me a vulnerable adult (such as one with a disability or an elderly person) has been or is being abused or neglected
- 5) that you have broken or intend to break a law or laws.

Finally, if you wish your health information (identified by HIPPA) be released to someone (such as Psychiatrist, Physician, therapist, family member or friend), you must sign a specific Release of Information.

Fees: It is customary to pay for professional services at the time that they are rendered. The fee for the initial intake session is \$125.00 and generally lasts an hour. If the session runs over the hour you will be given the choice to continue the intake and

be pro-rated for the time (if the following hour is open) or set up an additional intake to complete the intake process. The fee for individual, couples and family therapy is \$95.00 per session and generally lasts 50-60 minutes. I will file your insurance to insurance companies which I am both "in network" and "out of network", per your request.

* All crisis calls lasting longer than 15 minutes will be billed at a rate of \$25 per 15 minutes.

Availability and Contact: As stated earlier in this document I am not able to be available 24 hours a day. I strive to be as responsive as possible and to help meet the individual needs of my clients in a reasonable amount of time. Please allow up to 24 hours for return phone calls. If you have an emergent need to speak with me sooner you must tell me that in your message with your number and time I can reach you. I cannot promise I will be able to do so but will make every possible attempt to do so. Currently I am available by phone/voicemail Monday-Friday from 9 a.m. to 5:30 p.m. If it is an emergency and you need immediate care then please call 911 or go to the nearest emergency room.

Email: Many clients will use email as a way to communicate information to me prior to or in between sessions. Please be aware that the internet is not always 100% secure and that everything written in emails remains in your files. If you would like a response to an email sent please type PLEASE RESPOND at the bottom of the message and I will get back to you at my earliest convenience. Otherwise, I will read it and then place it in your file and we will discuss it in your next session.

Texting: Texting can be useful for scheduling or rescheduling appointments when needed. However, please either call/voicemail if there is more detailed information of which I need to be aware. I do prefer voicemail messages when possible.

* **Reminder:** All technology is not 100% reliable. If you feel like either your safety or the safety of another is at risk you need to immediately call 911 or go to the nearest emergency room as your FIRST resource.

Personal Qualifications and Services: I provide a number of therapeutic services including therapy for adults and I see children when in a family context. I received my Bachelors Degree in Sociology from Boston University in Boston, MA. In 1975. I receive my Master In Counseling and Psychological Services from Georgia State University in Atlanta, Georgia in 1971.

My credentials are listed below:

- South Carolina Licensed Marriage and Family Therapist
- South Carolina Licensed Professional Counselor
- Clinical member of the American Association for Marriage & Family Therapy
- Certified ARISE Interventionist (alcohol, drug & other addictions)
- Internal Family Systems Therapist, Level 1
- EAGALA (Equine Assisted Psychotherapy) Therapist and Equine Specialist

**Professional Disclosure Statement and Consent for
Treatment with Beth Keyserling, LMFT, LPC**

I acknowledge that I have received and read Beth Keyserling's Professional Disclosure and Consent for Treatment. I further acknowledge that I seek and consent to treatment with Beth Keyserling, LMFT, LPC. My signature below confirms that I understand and accept all of the information contained in the Professional Disclosure and Consent for Treatment Document.

Signature of Client

Date

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Additional Signatures of Family Members of Spouses/Partners:

_____ Initial here to acknowledge that you chose to represent the family/partnership and are responsible for relaying the information contained in the Professional Disclosure and Consent for Treatment document to all parties engaged in treatment.