

## **Disclosure Statement & Client's Informed Consent**

Darci Callahan, MACC, LMFT #1829

It is a privilege to serve as your counselor. This statement is designed to inform you about my qualifications and clarify our professional relationship.

### **Training & Education**

I received my Masters in Christian Counseling from Gordon Conwell Theological Seminary and am a Licensed Marriage Family Therapist (#1829) here in North Carolina. Since 2011, I have worked with individuals, couples, and adolescents on a variety of issues including anxiety, depression, and life transitions. Prior to my career in counseling I spent over a decade working within the field of education.

### **Nature of Counseling & the Therapeutic Relationship**

My goal is to create a safe and inviting atmosphere that encourages reflection. Counseling, in my opinion, underscores the power of storytelling by offering insight into the human experience that is simultaneously redemptive and healing. I truly consider it a privilege to have you share your story with me.

I consider my theoretical approach to be a hybrid of solution focused therapy (SFT), cognitive behavioral (CBT) therapy, acceptance and commitment therapy (ACT), and Bowenian therapy (family systems) infused with my love of literature and storytelling. However, I will tailor my approach to best fit your therapeutic goals and to meet your specific needs. When working with couples, I will often use the Prepare and Enrich curriculum.

Please note that our relationship is professional and limited to our counseling sessions and necessary telephone or email correspondence. Therefore, if I see you out in public, out of respect for your privacy and confidentiality, I will not acknowledge you unless you initiate our conversation. The quality of the therapeutic relationship between the counselor and the client is of the utmost importance. If at any time you feel you would be better served through a referral, I would be glad to provide that.

### **Length of Service & Payment**

Communication and collaboration are essential for a successful therapeutic relationship. We will work together to establish therapeutic goals, which can be modified as needed. While I can provide you with an estimate regarding the number of sessions we will have together, counseling is a process that is unique to each individual. If you wish to discontinue therapy at any point in time, I encourage you to share this with me so that we can process that information as well as discuss next steps for continued care should you desire it.

Individual sessions will be billed at a rate of \$110 per 60-minute session. Any additional services such as phone calls lasting longer than 15 minutes, etc. will be prorated at the hourly rate. Payments may be made in the form of cash or checks. **Fees are paid at the conclusion of each session.**

If you are unable to keep an appointment, please call to cancel or reschedule 24 hours in advance. **Please note that if you cancel less than 24 hours in advance or if you no show, you will be charged for the session. A \$35 processing fee will be assessed for returned checks.**

**Confidentiality**

All of our communication becomes part of the clinical record. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse) or (c) I am ordered by a court to disclose information. I also have a policy of supervision to help guarantee quality of service to you. Consequently, your case may be discussed with other counselors in supervisory group. Confidentiality is maintained by not disclosing any identifying information.

**Complaint Protocol**

It is my true desire to conduct myself with professionalism, competency, and integrity. Clients are encouraged to discuss any concerns with me. If you are dissatisfied with any aspect of our work together, please inform me immediately so that we can address the issue and find a solution. If after speaking with me you still feel the issue remains unresolved, you may contact the North Carolina Board of Marriage and Family Therapists at 201 Shannon Oaks Circle #200, Cary, NC 27511, (919) 654-6914.

If you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy in my confidential records.

**Acceptance of Terms**

- I have read these policies and understand and accept them as described.
- I am informed about the policy regarding confidentiality of information I may disclose during counseling and the limits of that confidentiality.
- I understand that no promises have been made to me as to the results of treatment provided by this counselor.
- I am aware that I may stop treatment with this counselor at any time.
- I understand that I will be charged based on the amount of time with my counselor and that I am responsible for payment at the time services are rendered.
- I know that I must give 24 hours notice before canceling or rescheduling appointments to avoid being charged.

I hereby give permission and consent to Darci Callahan to provide treatment to me and/or

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who is (are) my spouse/child(ren).

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_