**Professional Disclosure Statement/ Consent for Treatment with Shawn S. Mathis, LPC** Disclosure Statement, created 7-98; this revision 08-05 1 of 5

The majority of this document is mandated by both South Carolina State law and Public Law 104-191; it is provided for **your** protection. Vision of Hope Counseling Services, LLC has tried to anticipate any risks you may face as a result of being in therapy. If you have any questions regarding the documents you have received, please feel free to discuss them with Shawn S. Mathis, LPC.

**Contact Information**: Vision of Hope Counseling Services, LLC is located at 151 Vista Circle, Easley, SC. This is also our mailing address. Our usual office hours are 8:30 am to 5:00 pm, Monday through Friday. Our clients are seen by appointment only and special appointments for evenings, weekends, and other selected times will be considered. Our telephone number is 864-214-6570 (the voicemail is confidential). Our email address is Vision of Hope.Easley@gmail.com it is checked at least once every working day.

**Personal Qualifications**: Shawn S. Mathis is a Licensed Professional Counselor and Owner at Vision of Hope Counseling Services, LLC. Please note some of her credentials listed below:

**• South Carolina Licensed Professional Counselor, (LPC), License No. 6750**

**First Issued: Dec. 17, 2017, Expiration: Aug. 30, 2023**

**• Maine Licensed Clinical Professional Counselor, (LCPC), License No. CC6820**

**First Issued: July 6, 2022, Expiration: July 6, 2024.**

Shawn S. Mathis received her Bachelor’s Degree in Science from the University of South Carolina Upstate in Spartanburg, South Carolina and her Master’s Degree in Counseling from Webster University in Greenville, South Carolina.

**Services**: Shawn S. Mathis provides a number of psychotherapeutic services which include:

�� Therapy involving adjustment to changes encountered by individual life cycle development

�� Therapy involving adjustment to changes encountered by family life cycle development

�� Therapy involving adjustment to changes encountered in the course of marital development

�� Therapeutic assessment and treatment of Posttraumatic Stress Disorder (PTSD) in individuals, groups and families.

**Fees**: It is customary to pay for professional services at the time they are rendered. The hourly fee for individual, couple, and family therapy is $ 50.00 per hour. Group therapy, if offered, with Shawn S. Mathis is $ 50.00 per hour per person. If Shawn S. Mathis accepts your insurance, you will only be required to pay a co-pay for your therapy. If you do not know whether your deductible has been met, *you will be charged full fee*.

We will refund your fee minus the co-pay if we find your deductible has been met. **If you choose to not file insurance and pay cash, Licensee’s Name offers a 20% discount off her hourly fee.** *If you have insurance, you are responsible for any fees - due to Shawn S. Mathis - that your insurance company does not pay***.**

**Confidentiality**: The information you share in psychotherapy is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (signed only by a judge) but is considered privileged in the federal court system. Shawn S. Mathis is mandated by standards - through Duties to Warn - to breach confidentiality if she discovers:

 **1.) Threats of serious harm to self or others;**

 **2.) Reasonable suspicion of child abuse, or neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult;**

**3.) Court Order;**

**4.) Voluntary release signed by client or guardian; and**

 **5.) During supervisory consultations.**

**Ethics**: Shawn S. Mathis follows 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
* The State of Maine Board of Counseling Professionals
* The American Association for Marriage and Family Therapy
* The Association of Traumatic Stress Specialists
* The American College of Forensic Examiners.

Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

**Informed Consent**: You will be asked to sign the last page of this document. Your signature verifies you have been given this document and the HIPAA document that follows; that you have read and understand these documents, and that you consent to treatment. Further you need to be aware:

o Treatment isn’t always successful and may open unexpected emotionally sensitive areas. o Shawn S. Mathis is not a physician and cannot prescribe medications.

o Shawn S. Mathis may need to consult with your physician, attorney, or other counselor.

o Shawn S. Mathis is not available 24 hours a day.

o Appointments may be successfully canceled as late as 24 hours prior to the scheduled time. If this is not done, you *may* be charged a fee for a missed appointment.

o Shawn S. Mathis 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 The Synergy Center (Kingstree Building) in Columbia, South Carolina at 803- 896-4652 (mailing address is P.O. Box 11329, Columbia, SC 29211- 1329 and;

o The State of Maine Board of Counseling Professionals, 35 State House Station in Augusta, Maine, 04333 at (207) 624-8660.

o The Executive Administrator for the Vision of Hope Counseling Services, LLC is Shawn Mathis. She is a confidential administrator under state and federal law. She will be your major contact for appointments, problems, complaints, and commendations.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file (all medical records or other individually identifiable health information held or disclosed in any form [electronic, paper, or oral]) is considered “protected health information” by HIPAA. As such, your protected health information ***cannot be distributed to anyone else without your express informed and voluntary written consent or authorization*.** The exceptions to this are defined immediately below. Additional information regarding your rights as a client can be found in your therapist’s/counselor’s Professional Disclosure Statement and Consent for Treatment.

**Use or disclosure of the following protected health information does not require your consent or authorization:**

1. Uses and disclosures required by law **-** *like files court-ordered by a Judge* 2. Uses and disclosures about victims of abuse, neglect, or domestic violence **-** *like the Duties to Warn explained in your therapist’s/counselor’s Disclosure Statement*

2. Uses and disclosures for health and oversight activities **-** *like correcting records or correcting records already disclosed*

 3. Uses and disclosures for judicial and administrative proceedings **-** *like a case where you are claiming malpractice or breach of ethics*

4. Uses and disclosures for law enforcement purposes **-** *like if you intend to harm someone else (see Duties to Warn in your therapist’s/counselor’s Disclosure Statement)*

5. Uses and disclosures for research purposes **-** *like using client information in research; always maintaining client confidentiality*

6. Uses and disclosures to avert a serious threat to health or safety **-** *like calling Probate Court for a commitment hearing*

7. Uses and disclosures for Workers’ Compensation **-** *like the basic information obtained in therapy/counseling as a result of your Worker’s Compensation claim*

**Accountability**: The practice of Counseling is regulated by the Board of Counseling Professionals Licensure. The board is authorized by law to discipline counselors who violate the board’s laws or rules. To learn about the complaint process, or to file a complaint against counselor, contact:

 Complaint Coordinator

Office of Occupational and Professional and Occupational Regulation

 35 State Houses Station, Augusta, ME 04333

 (207) 624-8660

 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

**Course of Action: All of this is kept in a secure, locked location**

**At your first appointment, you can expect the following:**

1. **Complete an intake form that asks for demographics and an emergency contact. (Name, address, phone, etc)**
2. **Following the intake, you will share your symptoms as the therapist asks questions (putting them into an assessment form in the computer, to understand what you are dealing with regarding your mental health.**
3. **Once this has been completed, the therapist may bring out a diagnostic manual to determine the diagnosis that fits your symptoms. (this may not be necessary at each assessment.**
4. **You will then be asked what it is that you would like to change about the symptoms you are experiencing and that will be a treatment goal.**
5. **You will share or agreed to what you are willing to do in therapy to decrease your symptoms. The therapist will share with you’re the types of therapy that could be used to help you reach your goals and when this is completed, you will read, sign for agreement.**
6. **The therapies that may be used include talk therapy, DBT, CBT and for trauma EMDR as well as other that may be a better fit.**
7. **The last thing that is determined by you and the therapist is how often you would need to set your appointments.**

**Your Rights as a Counseling/Therapy Client under HIPAA**

⇒ As a client, you have the right to see your counseling/therapy file. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right*.

⇒ As a client, you have the right to receive a copy of your counseling/therapy file. This file copy will consist of only documents generated by us. You will be charged copying fees @ $.20/page. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right*.

⇒ As a client, you have the right to request amendments to your counseling/therapy file.

⇒ As a client, you have the right to receive a history of all disclosures of protected health information. You will be charged copying fees @ $.20/page.

⇒ As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed. ⇒ As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated. Prior to your counseling or therapy, you will receive:

1.) an exact duplicate of these two pages and

2.) your therapist’s/counselor’s Professional Disclosure Statement and Consent for Treatment **-** both for your personal records. It will be necessary for you to sign a certificate indicating that you have received, read, and understand both documents. This certificate will be place in your counseling/therapy file. Please do not sign the certificate if you do not understand any part of the HIPAA Client’s Rights or the Professional Disclosure Statement and Consent for Treatment. Your counselor or therapist will be happy to explain these documents further.

Page 7 is the signature certificate and you will leave it with Shawn Mathis

I acknowledge that I have received and read the ***Vision of Hope Counseling Vision of Hope Counseling Services, LLC Professional Disclosure Statement and Consent for Treatment*** and the ***HIPAA Client’s Rights***. I further acknowledge that I seek and consent to treatment with Shawn S. Mathis.

My signature below confirms that

I understand and accept all the information contained in the ***Vision of Hope Counseling Services, LLC Professional Disclosure Statement and Consent for Treatment*** and the HIPAA ***Client’s Rights.***

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Signature of Client

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Date

If more than one individual (e.g., spouse or family member) is seeking therapy, please have each of the others sign below. Signatures below confirms that each understands and accepts all the information contained in the ***Vision of Hope Counseling Services, LLC Professional Disclosure Statement and Consent for Treatment*** and the ***HIPAA Client’s Rights****,* and that each seeks and consents to treatment. We will provide additional copies of the ***Vision of Hope Counseling Services, LLC Professional Disclosure Statement and Consent for Treatment*** and the ***HIPAA Client’s Rights*** upon request.

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Signature of Client #2

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Signature of Client #3

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Signature of Client #4