

Scarlett N Williams. LPC
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Statement of Participation

Seeking counseling services for yourself or a family member can be a tough decision. I respect this and am pleased that you have chosen me to provide these services for you. The purpose of this agreement is to provide you with information about my background, policies, and to provide you with financial information. Counseling is more likely to be successful if we have a mutual understanding of the counseling process. It is my hope that the work we do together will be productive and helpful to you.

I am a Licensed Professional Counselor in the Commonwealth of Virginia. I received my Masters of Science from Radford University. I have been working with children, adolescents, and adults since 2002. I provide individual therapy. My primary approach is Rapid EMDR therapy; however I am trained in a wide variety of therapeutic approaches that I may draw on in the course of treatment. These include Cognitive- Behavioral Therapy, Solution Focused Therapy, and Play Therapy. Within the next session or two we will establish goals for our work together and then plan a treatment that seems likely to help you achieve those goals. I have found counseling to be most effective if we work collaboratively: I expect you to come to your sessions on time, to complete tasks we agree upon, and to do your best to talk about those concerns, behaviors, thoughts and feelings that are bothering you. If anything about our work together troubles or disappoints you, I strongly encourage you to talk about that in sessions so that we can address your concerns.

Confidentiality is an essential part of the counseling experience. Confidentiality is maintained as part of the counseling process in accord with the ethical standards of my profession. Your written authorization is required for any release of information or records. There are however limits to my ability to keep information confidential. They are as follows:

1. If I determine that you are an imminent threat to yourself, I am legally and ethically obligated to make arrangements to assure your safety.
2. If I determine that you are an imminent threat to another person, I am legally and ethically obligated to make arrangements to assure others safety.
3. If I suspect child or elder abuse I am legally obligated to inform Child Protective Services/Department of Social Services in the county where the suspected abuse may have taken place.
4. If I receive a summons or subpoena to appear in court personally or to produce my records, I have a legal obligation to do so.

You have chosen a counselor in private practice. There is a "business side" to your choice which means I collect fees for the counseling services that you receive. Part of the fee will come from your insurance company the remainder of the fee will come directly from you. I will collect this part of the fee from you at each session. I accept cash, check, zelle and credit card (MasterCard, Visa and Discover). Please note that there is an additional 4% fee for using a credit card to offset the extra fees charged by the credit companies. There is a \$30 fee for returned checks. A late fee of \$30 will apply if payment is not received within thirty days.

I will make an effort to schedule your appointment at a convenient time for you. I ask in return that you give a 24-hour notice if you must change an appointment. If this is not done, you will be charged

\$125.00 for any missed appointments. Please be aware that insurance companies do not make payment for missed appointments.

I am in the office Mondays, Wednesdays and Thursdays for appointments. I check my voicemail regularly Monday through Friday during the day. We will work together to prepare for emergencies. However, if you have an emergency after hours and you are unable to reach me, there are three emergency programs available. CONNECT at 540-731-7385, Respond at 540-776-1100 or ACCESS at 540-961-8400.

Your sessions will be forty-five to fifty minutes in length. The fee for your session is \$315. I realize that finances may be a concern for you so I file insurance claims for you with your primary and secondary carriers. To assist me in this, please present your insurance card(s) so that I may copy them for my records. It is your responsibility to obtain preauthorization, to find out if you have a deductible for mental health, and to find out what your co-pay is. Please feel free to ask questions as well, about insurance or any other financial concern you have.

In the event that I have to cancel your scheduled appointment I will call you directly.

Agreement

I understand and agree to the terms of service and payment for counseling provided by Scarlett N. Williams, LPC. I hereby authorize her to provide necessary treatment as deemed appropriate, and also authorize her to release any information acquired in the course of assessment or treatment to my insurance carrier to facilitate payment of services.

I hereby authorize any insurance company to pay the proceeds of any benefits directly to Scarlett N. Williams, LPC. I understand that I am financially responsible for charges not covered by my insurance. I also understand and agree that I will be responsible for all fees regarding collection of overdue and/or unpaid bills.

A copy of this form can be considered an original for insurance purposes.

I have read and agree to terms of the fees and payment statement.

Client: _____

Date: _____

Parent: _____

Date: _____

Guardian Signature for a Minor