

Dr. Carol Wright, LISW-CP-S

CW Counseling & Consulting, LLC

PROFESSIONAL DISCLOSURE STATEMENT

Thank you for choosing Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, to meet your needs. We warmly welcome you to the counseling process. Our goal is to provide the highest quality service in a friendly and caring environment. Please let us know if there is anything we can do to make this possible for you. Both South Carolina Law and Public Law 104-191 mandate the majority of this document; it is provided for your protection. Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting have tried to anticipate the risks you may face as a result of being in therapy. If you have any questions regarding any documents you have received, please feel free to discuss them with your therapist.

Professional Practicing Therapists Qualifications:

Dr. Carol Wright, LISW, is licensed, by the South Carolina Board of Social Work Examiners to Practice as a Licensed Independent Social Worker in a Clinical Practice and to provide supervision to social workers and counselors and interns in a clinical practice setting. Dr. Carol S. Wright, LISWCP- S, Counseling & Consulting offers internships and training to Masters level students. Dr. Wright received her Bachelor's Degree (BSW) from Ohio State University in Social Work, her Master's Degree (MSSA) from Case Western Reserve University in Social Work, and her Ed.D from Argosy University in Counseling Psychology.

Carrie Privett, LPCI, holds a Bachelor of Arts degree in Psychology from Coastal Carolina University and a Master of Arts degree in Counseling from Webster University. She is a Licensed Professional Counselor Intern and a member of Psi Chi-Psychology Honors Society and the American Counseling Association.

Services Provided by CW Counseling and Consulting, LLC , but are not limited to:

- Comprehensive evaluation, diagnosis and assessment
- Individuals, couples, group and family therapy
- Couple and Marital development
- Child and adolescent life adjustment, behavioral and emotional problems
- Adult life adjustment problems to mental/ emotional/ behavioral disorders
- Disability evaluations and testing
- Collaboration/ consultation and coordination with primary physicians, schools, human service agencies, employers, attorneys and courts.

Please note: We are not a physician and cannot prescribe medication. However, we can coordinate referrals for such services.

Dr. Carol Wright, LISW-CP-S, is the president and owner of CW Counseling & Consulting. CW Counseling & Consulting is located at various locations with the primary office being 1505 Heritage Lane, Suite B, Florence, SC 29505. Our usual office hours are 9-5 Monday thru 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 (843) 667-1905. Our fax

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number is (843) 667-1723. Our email address is dr.carolwlisw@yahoo.com. It is checked at least once every working day.

Payment Contracts: *It is customary to pay for professional services at the time they are rendered – before each session.* A payment contract will be completed before services are initiated. The fee for the initial session (90 minutes) is \$170.00; the hourly fee for individuals, couples, or family counseling (60 minutes is \$135.00 and (45-50 minutes) is \$120.00. If Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting accepts your insurance, you will only be required to pay a copay for your therapy. If you do not know if your deductible has been met, you will be charged the full fee. We will refund your fee minus the co-pay if we discover your deductible has been met. If you have questions about your payment contract, please ask. You are ultimately responsible for payment regardless of insurance benefits or arrangements. It is the professional and ethical responsibility of this office to prevent your bill from accumulating. If a client is unable to adhere to or agree to the payment contract, we will not be able to provide services and will make available referral sources for the client.

The following services are not typically covered by insurance, but are often requested by patients and/or agencies; therefore, require a great deal of time. Please understand that the bill for these services will come to you if the service is requested by you.

Reports/Letters (Extensive)	\$75.00
Reports/Letters (Brief)	\$45.00
Court Appearance – per hour	\$100.00 *with/without testimony
Observations/Consultations – per hour	\$90.00
Phone Consultations – per 15 minutes	\$30.00

ADDITIONAL SERVICES FEES

***Any service that requires a therapist to attend a function (i.e. IEP meeting, court testimony deposition, treatment planning meeting) will be billed in hourly increments and will include drive time, wait time, etc. in addition to the actual participation in the task.**

Note: If your account has not been paid for more than 60 days and arrangements for payments have not been agreed upon, this office has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, then costs for this may be included in the claim as well. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due. **A 2% late fee will be assessed each month on the balance due after 60 days of nonpayment.**

Returned Checks: A \$30 fee will be billed on returned checks that are presented for payment. If a second check is returned, payments must be made in the form of cash or money order.

No-Show or Late Cancellation Charges: At Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, we consider your time with your therapist valuable and thus have reserved a time

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just for you. Therefore if you have a scheduled time with your therapist, it is our expectation that you will arrive for your appointment. However, we recognize that sometimes you might forget your appointment (a No Show) or need to cancel your appointment (a late cancel).

Cancellations or “no shows” without 24-hours’ notice will be charged a fee. In extreme circumstances such as death, accident, illness, or hospitalization, fees may be waived.

Insurance companies do not reimburse for missed appointments, and they are the patient’s financial responsibility. Voicemail time stamp will provide evidence of 24-hour notice of cancelled appointments. The cancellation/no show fee for the first occurrence is \$25.00. Your therapist and the owner may decide to waive the fee or accept this fee for up to three (3) times. However, on the fourth occurrence, the full fee (see fee schedule) will be required prior to any appointments being scheduled. In other words, for example, if you simply forget about an appointment and call the next day to apologize, then you will have to pay \$25; your therapist may allow you to do that up to 3 times but the fourth (4th) time it happens, you will have to pay \$75. We consider missed appointments seriously because we want you to accomplish your goals as quickly as possible, which can only happen if you are coming to therapy as you are scheduled. **In order to avoid being charged the established fee for your therapist's time, you need to cancel within 24 hours of your scheduled appointment time. This may be done by calling (843) 667-1905. You may leave message after hours.**

Please initial to indicate that you have read and understand that you will be responsible for a missed fee if you have to cancel an appointment and do not give this office 24-hours’ notice. _____

Insurance Reimbursement

If you have a health insurance policy or EAP, you may have benefits available to you to pay for your mental health treatment. This office will check with the insurance/EAP provider to ensure that you have coverage for the services and that CW Counseling and Consulting, LLC is an approved provider. This office will complete forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. Please understand that we have to get certain information (i.e., copy of picture id, copy of insurance card) from you in order to complete these forms and follow the guidelines set forth by your insurance company as well as other regulatory agencies.

You are responsible for informing the staff of CW Counseling and Consulting, LLC of a changes that occur in your insurance coverage, and you will be responsible for any changes not covered by your insurance company, such as costs for phone calls, copies, court appearances, and official correspondence. For example, missed appointment fees will be charged directly to the patient and/or parent or foster parent – to whomever is responsible for making the appointments and bringing the patient to the appointments.

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Many times insurance companies/ EAPs only authorize a few sessions for therapy services. You may feel that more time is needed to accomplish your treatment goals. If this occurs, we will work together to either have more sessions authorized, make a referral to an approved provider, or figure out a payment arrangement. Please do not simply drop out of treatment because you do not have the means to pay a bill! Please talk with us about the options available to you!

Most insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. Sometimes companies require additional clinical information, such as treatment plans or summaries. This information will become part of your insurance record. Though the insurance companies claim to keep this information confidential, this office has no control over what they do with it once it is in their hands. In some cases they may share the information with a national medical information databank. You may request a copy of any information that this office sends to your insurance company on your behalf.

SOVA claims: This office participates in the State Office of Victim Assistance (SOVA) program. Due to some difficulties in receiving payments in a timely fashion, this office handles SOVA claims in following manner:

- 1.) At the initial referral and prior to the first appointment, primary insurance coverage will be checked and patients will be informed of their responsibility to pay copays, etc. at each session. If SOVA is your only coverage, then you may be asked to pay for services and we will facilitate your reimbursement.
- 2.) During the first session, SOVA applications will be provided and the therapist will assist in getting those completed and turned into the SOVA office, along with the bill for the initial assessment. If an application has been done at another agency then you may be asked to facilitate this office getting a copy of the original application. Sometimes, there is other documentation (i.e., incident reports) that must accompany an application and you may be asked to help with obtaining that information as well.
- 3.) Copays will be collected at each session and primary insurance will be filed with the benefits assigned to the therapist.
- 4.) Once the acceptance letter is received from SOVA, patients will be asked to bring it to the therapist. A bill can be prepared for SOVA that reflects all payments made by patients for services.
- 5.) Patients can decide whether to have the benefits assigned to the therapist to cover future copays or to have the benefits paid directly to them.

By signing this consent form, you are authorizing your insurance carrier to assign payments to CW Counseling and Consulting, LLC for therapy services provided. By signing this consent form, you are also authorizing CW Counseling and Consulting, LLC to bill your insurance company for the services provided. The patient is ultimately responsible when an insurance company does not remit payment for services.

Secondary Insurance: In cases where a patient has a primary and a secondary insurance carrier, only the primary insurance will be billed from this office on behalf of the patient. Any copays that are due from the primary insurance policy are expected to be paid at the time

service is rendered or provided. Patients may request information to submit to a secondary carrier to request reimbursement for additional benefits.

Out of Network Benefits: In some cases, the therapist may not be “in network” or on the insurance panel with a patient’s insurance provider. For those out-of-network incidents, the patient will be asked to contact their insurance provider and determine if they have out-of-network benefits. The patient will be provided with the information needed to file with those policies. Payment for services, at the rates listed on the fee schedule, will be expected at the time of service.

Ethics: Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, follows the Code of Ethics of the following organizations: the South Carolina Board of Social Work Examiners for the Licensure of Professional Social Workers and the National Association of Social Workers. Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

Limits of the Therapy Relationship: Psychotherapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of the relationship. It must be limited to the relationship of therapist and client only. Because I am your therapist, relationships like these are improper:

- I cannot be your teacher, supervisor, or evaluator.
- I cannot be a therapist to my own relatives, friends, friend’s relatives, people I know socially, or business contacts.
- I cannot provide therapy to people I used to know or business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to you, borrow from you, or trade or barter your services.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client or any others close to a client.
- I cannot be your friend or socialize with you outside of therapy.

You should know that therapists are required to keep the identity of their client’s secret. Therefore, I will not speak to you if we meet in a public place such as the grocery store or mall, unless you speak to me. Under no circumstances will I discuss your case with you in a public place. In sum, my duty as a therapist is to care for you and my other clients, but only in a professional role of therapist.

Health Insurance Portability and Accountability Act of 1996 (HIPPA)

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.

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All information revealed by you in counseling or therapy sessions and most information placed in your counseling/therapy records (all medical records or other individual identifiable health information held or disclosed in any form (electronic, paper, or oral)) is considered "protected health information" by HIPPA. 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, *e.g., files court-ordered by a Judge*
2. Uses and disclosures about victims of abuse, neglect, or domestic violence, *e.g., Confidentiality/Duty to Warn explained in your therapist's/counselor's Disclosure Statement*
3. Uses and disclosures for health and oversight activities, *e.g., correcting records or correcting records already disclosed*
4. Uses and disclosures for judicial and administrative proceedings, *e.g., a case where you are claiming malpractice or breach of ethics*
5. Uses and disclosures for law enforcement purposes, *e.g., if you intend to harm someone else (see Confidentiality/Duty to Warn in your therapist's/counselor's Disclosure Statement)*
6. Uses and disclosures for research purposes, *e.g., using client information in research; always maintaining client confidentiality*
7. Uses and disclosures to avert a serious threat to health or safety, *e.g., calling Probate Court for a commitment hearing*
8. Uses and disclosures for Workers' Compensation, *e.g., the basic information obtained in therapy/counseling as a result of your Workers' Compensation claim*

Confidentiality/Duty to Warn: Once again, the information you share with the therapist is generally confidential by South Carolina law and federal regulations. Your therapy file can be subpoenaed by South Carolina through a court order (signed by a Judge), but is considered privileged by the federal court system. Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, is mandated through federal regulation – through duty to warn – to breach confidentiality if the counselor discovers: 1) you are threatening self-harm or suicide, 2) you are threatening to harm another or commit homicide, 3) a child has been or is being abused or neglected, 4) a vulnerable adult has been or is being abused or neglected, and/or 5) if you wish your protected health information (defined as HIPPA) released to a third party (e.g., an attorney, physician, school personnel, employer, service coordinator, social worker, case manager, Worker's Compensation, Veterans Administration, Social Security, etc.), you must sign a specific Release of Information form.

In addition, if an individual has been court ordered for counseling services or is in custody of Department of Social Services, the agency may request information about treatment, and will require that you sign a release of information.

You have the right to limit the information that you share with your therapist if you are concerned with potential risk to confidentiality. You may share information about your counseling sessions

to anyone you choose. If you would like your information released to another individual, you will be asked to sign (or have a guardian sign) a release of information authorizing the disclosure.

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 that:

- Dr. Wright is credentialed by the South Carolina Board of Examiners for The Licensure of Social Workers, Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists
- Dr. Wright is not a physician and cannot prescribe medications.
- Dr. Wright may need to consult with your physician, attorney, or other counselor.
- Dr. Wright is not available 24 hours a day. Appointments may be successfully canceled as late as 24 hours prior to the scheduled time. If this is not done, you may be charged \$25.00 for a missed appointment. Once again, **in order to avoid being charged the established fee for your therapist's time, you need to cancel within 24 hours of your scheduled appointment time. This may be done by calling (843) 667-1905. You may leave message after hours.**
- Dr. Wright is licensed through the SC Board of Examiners for Social Workers and this Board is located in the Synergy Center (Kingstree Building), Columbia, South Carolina at (803) 896-4652. The mailing address is P.O. Box 11329, Columbia, SC 29211-1329.
- Treatment isn't always successful and may open unexpected emotionally- sensitive areas.
- Individuals are responsible for any charges that are not paid by their insurance company.
- Cases are not taken for counseling services on a contingency basis (payment arrangements must be made in advance or fees paid at time of service).
- Therapists often consult with other professionals (i.e. doctors, lawyers, teachers, caseworkers) during the course of treatment. However, patients must provide their signatures on a release of information for their therapists to consult with their physicians, attorneys, other therapists, etc.
- Therapists in this office are not available 24 hours a day. Voicemail and email are provided to leave non-emergency messages throughout the day and evenings. Please allow at least 24 hours for return calls and emails during the week, 48 hours over the weekend, and 96 hours during holidays. Email (if shared by therapist) is monitored at least weekly.
- A licensed therapist will be available for emergency coverage during the event that your regular or primary therapist is out due to an extended illness, vacation, or other type of leave of absence.

Your Rights as a Counseling/Therapy Client under HIPPA

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

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- 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 @ \$0.20/page. Psychotherapy notes are afforded special privacy protection under the HIPPA regulations and are excluded from this right.
- As a client, you have the right to requests 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 @ \$0.20/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 the 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.

Supervision

In this office, we are helping individuals work toward their various degrees and licensure so that you may be meeting with an individual who requires supervision by others. For example, they are graduate students from local universities, like Francis Marion University's Masters' Program in Clinical Psychology, who are completing internships before graduation. We also have Master-level therapists who are working toward becoming Licensed Professional Counselors', Licensed Masters Social Workers or Licensed Independent Social Workers' these therapist will have met the educational requirements, but must complete a two- year process of supervision to obtain an LPC, LMSW or LISW-CP. There are also those Interns from different Colleges and Universities that are working towards their Masters Degree in Counseling or Social Work, who have not obtained licensure and working on becoming a therapist must receive regular supervision from Dr. Carol Wright, who is a Supervisor in the state of South Carolina. Part of supervision requires direct observation of a therapist's skills with patients, which requires joining counseling sessions or recording these sessions in some way. All information discussed in supervision is subject to the rules governing confidentiality so we hope that you will participate in these exercises. It is a collaborative effort that we believe enhances the therapeutic experience since you are essentially getting a team of therapists collaborating and working together to provide you and/or your family with the best possible care. If at any time you become dissatisfied with the serviced you are provided, you can always request a meeting with the supervisor and/or the team to review the treatment and discuss changes. If you are willing, please initial the statements below.

Please initial that you are aware that someone else is also supervising your therapist. _____

Please initial your consent for recording and/or videotaping of sessions for the supervision purposes. _____

If you are not willing to meet with anyone who is under supervision or have your case (or your child's case) be used in supervision, then please initial here: _____

Prior to your counseling or therapy session you, will receive the following:

1. Professional Disclosure Statement/Consent for Treatment and Confidentiality policy
2. HIPAA Notice and Rights information

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3. Payment Contract Form
4. Authorization to Release Form
5. Contact Form

It will be necessary for you to sign an acknowledgement form indicating that you have received, read, and understand both documents. This certificate will be placed in your counseling/therapy file. Please do not sign the certificate if you do not understand any part of the Professional Disclosure Statement/Consent for Treatment and Confidentiality policy or HIPAA Notice and Patient Rights and information. Your therapist will be happy to explain these documents further if needed.

Contact Information: The main office for Dr. Carol Wright, LISW-CP-S, CW Counseling & Consulting, is 1505 Heritage Lane, Suite B, Florence, South Carolina which is the major contact for appointments, problems, complaints, and recommendations as it relates to receiving services.

Dr. Carol Wright also provides contractual services for therapy with other professionals. Office hours are by appointment only and all appointments are made through the contractual facility. Dr. Wright also practices in Lake City and Kingstree. The locations are 263 Kelley Street, Suite 100, Lake City, South Carolina 29560 and 128 E. Mill Street Suite A in Kingstree, South Carolina 29556. Clients are seen by appointment only and can be scheduled by calling (843) 667-1905.

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CW Counseling and Consulting, LLC

1505 Heritage Lane Suite B
Florence, SC 29505
Phone: (843) 667-1905 Fax: (843) 667-1723

Acknowledgement of Informed Consent

Name _____ Date _____

Date of Birth _____ Social Security # _____

Address _____

I acknowledge that I have received, read and been given the opportunity to ask questions about the **Professional Disclosure Statement, Consent for Treatment & Confidentiality Policy, the HIPAA Notice, and Patient's Rights Information.** I further acknowledge that I seek and consent to treatment for minor child or myself. My signature below confirms that I understand and accept all the information contained in these documents.

Signature of Parent/Guardian Date

Signature of Counseling Staff Date

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Other Participants in Counseling Services

Family Member: _____ Initials: _____
Restrictions: _____

Family Member: _____ Initials: _____
Restrictions: _____

Teacher: _____ Initials: _____
Restrictions: _____

Other School Staff: _____ Initials: _____
Restrictions: _____

Other: _____ Initials: _____
Restrictions: _____

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CW Counseling and Consulting, LLC
Acknowledgement of Informed Consent
To Treat a Minor

Name of minor client: _____

Date of birth: _____

This is to certify that you give permission to CW Counseling and Consulting, LLC for the treatment of your child, _____. Treatment may include individual or group psychotherapy, and counseling. This treatment may also include referrals to other appropriate State, County or other professional agencies.

One of my stipulations in treating your child is that you as a parent/guardian also be involved in the therapeutic process. By signing this consent form, you are also agreeing to attend occasional sessions at which I request your presence.

In addition, you as a parent/guardian agree to the following stipulations:

- Although your child is a minor, he/she has the right to confidentiality. This confidentiality is crucial for a child to feel safe and secure in the counseling environment and a necessary ingredient for treatment success. You agree to honor this right to confidentiality. Children age 14 and older have the right to full client privilege. Parents of children younger than 14 have the right to information regarding the minor’s treatment so long as it is in the best interest of the child.
- In cases of divorce or parental conflict, you agree to not request that I participate in any court proceedings, to include but not limited to, testifying, providing records, or writing letters of summary or recommendation.

**I have a legal right to sole / shared medical decision making regarding the following children:

I understand that I may revoke this authorization by submitting my request in writing to CW Counseling and Consulting, LLC

Signature of Parent or Legal Guardian	Name (please print)	Date
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CW Counseling and Consulting, LLC Staff	Date
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**In cases of joint custody or shared allocation of parental responsibility for medical decisions, a copy of the divorce decree and custody order along with signatures indicating consent from both parents are required in order to treat a minor, except in emergencies.

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