

Ms. Judith Smithchild  
M.Ed., LPCC-S, LICDC-S, NCC, ICADC-S  
License No's: E2224-S, 90469-S, 24660, 601401  
17 Blue Line Drive  
Athens, Ohio 45701  
740-592-4689 (o) 740 593-7166 (fax)

Welcome to the offices of 17 Blue Line Drive and to the care of Ms. Smithchild.

I appreciate the opportunity to serve your therapy needs at the present time. The following information is designed to help you become acquainted with my professional background, learn about the office procedures, become aware of how a therapeutic relationship is developed, and gain knowledge of basic information about my counseling practice. Please discuss any of these areas with me in our first meeting if you are not clear about any of the information that is provided to you in this form.

Professional qualifications and experience in the counseling field:

I have been working in the field of psychotherapy/counseling since 1984 providing assessment, diagnosis, treatment, consultation and clinical supervision services. My work has been in the southeast Ohio region in out-patient, in-patient, residential, and private practice settings. I have provided individual counseling to children, adolescents, and adults, couples/marriage counseling, family counseling, and group counseling. I have also been a college level instructor teaching coursework in addictions and social work during my career. I have provided workshop trainings to my colleagues at the state level. I currently am serving an appointment with the Ohio Chemical Dependency Credentialing Board where I serve as the Ethics Committee Chairperson. I have earned an Associate Degree in Mental Health Technology from Ohio University; a Bachelor's Degree in General Studies: Recovery and Rehabilitation from Ohio University; a Women's Studies Certificate from Ohio University; and a Master of Education: Rehabilitation Counseling(Addictions Focused) from Ohio University.

My areas of specialization include, but are not limited to, the following:

- ❖ Assessment, diagnosis , and treatment of mental health disorders
- ❖ Assessment, diagnosis, and treatment of addiction and addiction-related disorders (i.e., gambling, compulsive sexual behaviors, eating disorders, medically assisted treatment (MAT)
- ❖ Counseling people with co-occurring/multiple disorders
- ❖ Eye Movement Desensitization Re-Processing therapy
- ❖ Women's Issues
- ❖ Relationship issues: couples, partners, and families
- ❖ Career and education issues
- ❖ Coping with personal/developmental/aging transitions
- ❖ Working with criminal-justice related issues
- ❖ Gay/lesbian concerns and issues
- ❖ Stress management and building resiliency
- ❖ Trauma and PTSD issues
- ❖ Group counseling interventions

### Independent Practice:

I am an independent practitioner and as such I am not affiliated with any other practice or clinician sharing this office space and resources at 17 Blue Line Drive, Athens, OH 45701. This means that I maintain your records and clinical information separately and I am solely responsible for your treatment.

It is my policy to accept only clients whom I believe possess the capacity to resolve their own concerns with my professional assistance. I believe that as people become more self-aware and accepting of themselves, while concurrently making behavioral, cognitive, and emotional changes, they become better able to cope with the issues or stressors that caused them to seek professional assistance. Everyone changes at an individual pace and therapy is a unique process for each individual. I will work with you to self-identify the results you would like to see in therapy and jointly develop your treatment plan. Together we will monitor your progress and work to reach your personal objectives in a timely manner. We will re-negotiate the timeframe for counseling if we both agree more time is needed to reach the optimal outcome for you.

### Appointments for sessions:

You may schedule an appointment by calling the office and speaking with our office manager or re-scheduling at the conclusion of a session. My office hours are 9:00 am to noon and 1:pm until the office closes at 5:00 p.m. Exceptions to these hours would need to be arranged with me directly prior to a scheduling confirmation.

### Attendance at sessions:

Once we have created a treatment plan, agreed to the number of sessions we will work together, and the frequency of appointments, it is critical that the counseling relationship is maintained consistently to achieve the best results for you. If it is necessary to cancel an appointment, I ask that you notify the office 24-48 hours in advance by calling and talking to the office manager directly or by leaving her a voice mail message. It is important to note that you will be charged your regular hour co-pay fee for any cancellation that is less than the minimum requirement. Your insurance does not cover for cancellation or no show fees and you alone will be billed for this charge. You are asked to pay this additional co-pay fee at your next appointment.

### Termination of services:

While discharge from my care is generally a mutually agreed upon event, you can choose to self-terminate at any time. I will be respectful and supportive of your decision to end services earlier than what was previously agreed upon. If you fail to show for a scheduled appointment and do not call to re-schedule within a 72-hour period, I will assume you have chosen to discharge yourself from my services. I will then close your file, prepare a discharge summary, and send you a copy for your records.

### Telephone and Emergency procedures:

If you need to contact me between sessions please call and leave a message at the office. I will then be contacted by the office and your phone call will be returned as soon as possible. If an emergency has arisen, due to other professional and employment obligations, I will unfortunately not be available to timely respond to emergencies. If the concern you are impacted by can wait, you may address this issue

in your next session, call the office to see if you can arrange an earlier appointment time or be placed on a waiting list for the next available slot. If the issue cannot wait and you need to talk to someone right away or if there is a danger of you hurting yourself or others you may contact the police, call the Crisis Services (24-hour crisis hotline) at (740) 593- 3344 or go to the local emergency room for immediate assistance.

Professional Rates:

Psychotherapy patients are expected to pay their fee at the time of service, unless alternate arrangements have been made with me.

- ❖ The rate for an initial, individual 50-80 minute session is \$100.00
- ❖ Ongoing individual 50 minute counseling session rate is \$85.00
- ❖ Group counseling, 80 minute sessions rate is \$65.00
  - All other rates for services such as extended telephone conversations, site visits, writing and reading reports, consultation with other professionals, longer sessions, travel time, scoring testing instruments, etc. will be billed to the client at \$ 85.00 per hour in 15-minute increments.

Payments are accepted by “actual cash” (no change is kept on site) or a personal check. I ask that you pay your fee, any deductible and/or co-pay as you go **prior** to the session. The office manager will provide you with a receipt. At the conclusion of the session, she will provide you with an appointment time for your next visit. Please notify me if any problem arises during the course of treatment regarding your ability to make timely payments. Clients who carry insurance should remember that services are rendered and charged to the clients and not to the insurance companies. It is your responsibility to verify the specifics of your coverage for issues, concerns and problems that you want to address by a psychotherapy intervention.

Litigation Limitation:

Due to the ethical nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (the client) nor you attorney, nor anyone else acting on your behalf **will call on Ms. Smithchild (me) to testify in Court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.**

I have reviewed the office policies of Judith Smithchild and am in agreement with abiding by them.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/ witness signature

\_\_\_\_\_  
Date