



Kelly Cremeans, MS, LMFT

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DISCLOSURE STATEMENT & INFORMED CONSENT FORM

Thank you for deciding to seek counseling with me at Solution Focused Counseling & Consulting. The following information will help you understand many of the details about your counseling here. A primary commitment of myself & SFCC is to provide quality time-effective treatment to individuals, couples & families regardless of age, race, sex or religious affiliation. SFCC staff members are further committed to the patient's rights of information regarding office policy, non-discrimination, confidentiality, consent & competent service. In keeping with this policy, we have listed below our various office policies for you information. Please read through these, ask any questions you may have & sign on the other side. Thank you for allowing us to serve you.

The practice of all licensed persons in the field of psychotherapy is regulated by the Indiana Professional Licensing Agency. I received a Bachelor of Arts degree in Psychology in 1999 from Huntington University & a Master of Science degree with emphasis in Marriage & Family Therapy in 2002 from John Brown University. I have been trained in a variety of specific methods of treatment & will determine what approaches & techniques might be most effective with your particular needs. Professional Christian counseling is provided for patients expressly requesting it. Although the exact length of treatment is difficult to predict, I would be glad to discuss average treatment duration for conditions similar to yours. I am also willing to discuss what other treatment options might be available & the possible effectiveness of those alternatives. You may, at any time, seek a second opinion from another therapist & /or may terminate counseling.

My approach to counseling typically involves solution focused counseling, systems theory & cognitive-behavioral therapy. Some of the therapy techniques I use include goal setting, history & information gathering by interview & assessment inventories, personality inventories & other psychological testing & genograms. I will explore the thinking, acting, & feeling aspects of your life & situation. If you are open to spiritual resources in the healing process I will utilize them within my training based on your own faith & belief system. I often meet with the entire family or various subsystems of the family when appropriate. Affirmation, confrontation, teaching & homework assignments are all aspects of my style. I will continually assist you in finding solutions that address the reason(s) you came for counseling. If we, together, determine medications could improve your situation, I will work with your physician or recommend one to you. I will always seek the best match between counseling style, theory, & your counseling needs.

Feelings of relief, renewal, self-awareness & self-acceptance with accompanying behavior changes are goals that may be accomplished quickly or take a long time to achieve. Sometimes clients will experience pain & discomfort in the healing process when working towards growth. Therapy calls for a very active effort on your part. It involves a large commitment of time & energy. In order for appointment time to be most successful, you will have to work on growth both during our sessions & at home. You may end the counseling relationship at any point, but I ask you to do that in a session. Please don't drop out abruptly in the interest of your own healing process.

SESSIONS

We will usually schedule one session per week at an agreed upon time. I understand that it may, at times, be necessary to cancel an appointment. To help therapy be most efficient & responsible in the use of our time, we require **any changes or cancellations be made at least 24 hours in advance. Missed appointments or cancellations received less than 24 hours in advance result in a charged fee of \$80.** Most insurance companies do not cover missed appointment charges.

CONFIDENTIALITY

Not only is confidentiality guaranteed to you under Indiana State Law, I believe the confidentiality of our work together to be of the utmost importance in creating a safe place for you to explore issues of your concern. Therefore, I strive to uphold the strictest standards of confidentiality in my practice. Unless you grant us permission to do so in writing, counselors & office personnel will neither inform anyone that you are receiving counseling, nor will therapists disclose the content of any session. You should be informed of the *legal exceptions to*

professional confidentiality. If one or more of the following conditions apply information you share with me could be shared with others without your permission:

The Uniform Health Care Information Act may allow for disclosure of information to another health care provider who is serving you.

You may give written permission to release confidential information. If you wish to disclose to a third party, you must sign a Consent to Release Information form.

If you disclose that you are contemplating, planning, or have acted out a crime, I may testify at an inquiry concerning the crime.

If you disclose that a child or adult has suffered abuse or neglect, I have an obligation to report this information to the appropriate authorities.

If information you have revealed to me is subpoenaed, disclosure may be required by law.

If possible, I will attempt to discuss any required breaches of confidentiality with you prior to acting.

Additionally, I adhere to the standards set forth in Solution Focused Counseling & Consulting's *Notice of Privacy Practices* (see ACKNOWLEDGEMENT OF PRIVACY PRACTICES).

SUPERVISION & CONSULTATION

As a Licensed Provider (LMFT), I provide my services without the necessity of Clinical Supervision, however, on occasion I may find it helpful in the service on my clients to consult with other professionals in the field. This is customary in our work & enhances the potential to offer the highest level of care for your needs. In the event that it should be deemed necessary to consult with your Physician or a Psychiatrist regarding your case, I will request a written Release of Information from you before doing so.

STATE REGULATIONS FOR PROFESSIONAL CONDUCT

The State of Indiana Department of Health as well as the Indiana Professional Licensing Agency oversees & regulates the practice of mental health counselors in order to ensure the health & safety of the public. If you believe that I have acted unethically or unprofessionally in my work with you, I ask that you address the issue directly with me. Additionally, you may direct a complaint to the authorities of the state:

Office of Attorney General ~ Consumer Complaint Division
402 West Washington Street, 5th floor ~ Indianapolis, IN 46204
317.232.6330 / 1.800.382.5516 ~ www.indianaconsumer.com/filecomplaint.asp

ADDITIONAL COMMUNICATION

If you need to communicate with me outside of your scheduled session time, you can call 317.797.7185. If I am unable to take your call, you can leave a message for me on the confidential voicemail & I will attempt to return your call during my office hours. You may also contact me by email at solution.focused@sbcglobal.net. I will generally limit phone/email communication to session scheduling & emergencies, & reserve the right to charge a fee for the phone call proportionate to the regular session fee. Many clients prefer to communicate via text. Please note, text messaging does not meet the standard for HIPAA confidentiality. By choosing to communicate via text message, you are acknowledging this risk & giving your express permission for confidentiality to be waived for the purpose of text messaging. This does not waive your other rights to confidentiality.

SOCIAL MEDIA

Feel free to use the Solution Focused Counseling & Consulting Facebook Page as a resource for improving your mental health & relationships. However, messaging via social media outlets is not secure & is not used as a form of communication for this office. I do NOT monitor these messaging services & will not respond. You are encouraged to like the SFCC Facebook page but I am unable to accept "Friend Requests" to my personal Facebook Page.

EMERGENCIES

If you are experiencing an emergency & cannot reach me via the number listed above, please call one of the following numbers:

- General Emergencies: 911
- Mental Health Association of Greater Indianapolis 24-hr Hotline: 317.251.7575

GOOD FAITH ESTIMATE

In accordance with the No Surprises Act, you are entitled to receive a written good faith estimate of expected charges, upon request. In general, total cost is based on the number of sessions you attend. Therapy is a very unique journey for each individual; therefore, the frequency of sessions will vary by individual. Session frequency is dependent on many things including:

- Your schedule and life circumstances
- Ongoing life changes
- The nature of your challenges and how you are coping with them
- Therapist availability

Things that can help progress your journey and may help reduce the number of sessions needed

- Take notes during session to review between sessions
- Between session practice skills learned in session
- Come to session with notes of successes and areas you are struggling to best use your time

As we work together, we will continue to evaluate the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge. Most therapy begins as weekly but biweekly or monthly can be discussed in person with your therapist. In general, most clients attend six to twenty sessions per goal. Specific CPT Codes used in most situations are:

- 90791 Psychiatric Diagnostic Evaluation (Initial Session) \$180
- 90837 Psychotherapy - 55-60 minute session (weekly, biweekly, or monthly) \$160
- 90844 No Show / Cancellation with less than 24 hours notice \$80

If your provider is in your health insurance network, your cost will be based on your health insurance policy. Variables such as deductible, co-insurance, and copay will guide your cost and can be determined by your policy handbook. If your provider is out of your health insurance network, your cost may still be impacted by your policy, as you may have some out of network coverage. But ultimately whether out of network or uninsured you are responsible for the full cost of sessions as outlined above per session. Payment is expected at the time of service.

SIGNATURE of RECEIPT & ACKNOWLEDGEMENT

I have read & understand all of the information presented above in the Disclosure Statement & Informed Consent Form, & I have received my personal copy of this document.

Client Printed Name _____

Signature: _____ Date: _____

Signature of Parent/Guardian (If Applicable): _____ Date: _____

Family Members also covered by this acknowledgement:
