

Therapy Services Disclosure Statement

Diane K. Brantley, LCSW

Client Number: _____

Client Name: _____

Thank you for the opportunity to serve you as your counselor. The following information is designed to let you know about my educational and professional background, and to ensure that you understand our professional relationship. I am committed to providing you with quality, professional counseling, and your questions or comments are encouraged.

Education and Credentials

I received my Master of Social Work from the University of South Florida in 2001. I received my undergraduate degree in Psychology from Baylor University in Waco, Texas in 1989. I also attended Loyola University in New Orleans, Louisiana. I have completed post-graduate classes at Argosy University in the Pastoral Community Counseling program. I have been a licensed clinical social worker since 2005. I have been providing faith-based counseling at the Charis Center for the last five years prior to joining the staff of Samaritan Counseling Services of the Gulf Coast. I have 19 years of providing counseling, crisis intervention, and case management in a variety of settings with individuals and families.

I provide faith-based counseling to individuals (including children and adolescents), couples and families. I serve people experiencing a variety of problems and disorders. My services include counseling individuals who are experiencing depression, anxiety and grief related to an assortment of circumstances. I have experience working with victims of sexual abuse, domestic violence, aging individuals and those with disabilities. I work with people who are in the midst of crisis as well as those who struggle with chronic concerns. I work with children who have difficulty managing their behavior or emotions, coping with divorce, or experiencing school and/ or social problems. In all areas of my practice I am committed to assisting those of my clients who desire a faith-based approach to draw upon religious and spiritual resources for their personal healing and growth.

My Therapeutic Orientation

My primary approach as a clinical social worker is relational and focused on solving problems and restoring health. I will seek to understand your concerns and to help you find effective responses to your challenges. My theoretical orientation includes a client-centered approach derived from the work of Carl Rogers, family systems principles, psychodynamic psychotherapy, and cognitive behavioral therapy.

I will employ the particular approach/approaches that I believe will be most effective in attaining the goals you and I have established for our work. It is important to realize that your active involvement in the counseling process will be the most influential contribution to success. Your input is essential in establishing treatment goals, focal issues, risks and benefits of change, the time commitment involved, costs, and other pertinent aspects of your situation. Periodically, we will evaluate your progress and, if necessary, redesign our treatment plan, goals, and/or methods.

As with any successful intervention, there are both benefits and risks associated with counseling. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, or having difficulties with other people. Some changes may seem to lead to worsening circumstances in the short run, but over time, with consistent responses, improvement should be experienced.

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Confidentiality

I regard the information you share with me with the greatest respect, so I want to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, are your privilege and are protected by state law and my profession's ethical principles, in all but a few circumstances: 1) If I believe you intend to hurt yourself or another person; 2) if I believe a child or elderly person has been or is in danger of being abused or neglected; 3) if a judge subpoenas my records – a rare but possible circumstance if you are involved in or become involved in litigation; and 4) if I speak with my professional consultant about your case. The National Association of Social Workers (NASW) requires that all clinical social workers participate in individual or group consultation to ensure the objectivity and quality of the therapy. Such consultation is thematic in nature and no personal identifying information is used. Otherwise, I will not disclose anything about your therapy or even that you are in therapy without your written permission, provided in advance.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically and spiritually, it is important that you be assured that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you arrange with me. I respect your privacy, so I will not speak to you in public unless you speak first. Because ours is a professional relationship I cannot generally accept gifts from you.

Length of Sessions

My services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-50 minutes long. We will schedule your sessions by mutual agreement. If you are unable to keep an appointment please call my office (941-926-2959) to cancel and reschedule at least 24 hours in advance. If I do not receive 24 hours notice you will be responsible for paying the full session fee, since insurance companies do not reimburse me for missed sessions.

Fees/Method of Payment

In return for a fee of \$115 for the initial session and \$100 for each subsequent session, I agree to provide counseling services for you. I prefer that you pay at the beginning of the session, by cash or personal check. I will give you a receipt. If for financial reasons you are unable to pay the full fee, please request an Application for Fee Subsidy form, fill it out completely, and return it to me by mail or at your next session. The office address is: Samaritan Counseling Services of the Gulf Coast, 3224 Bee Ridge Road, Sarasota, FL 34239.

Billing/Insurance Reimbursement

If you wish to seek reimbursement from your health insurance company I will complete any reasonable forms to enable you to do so. You are expected to pay co-pays or deductibles at the time of your session. It is your responsibility to determine whether or not your company will reimburse you and at what rate. You must sign a release allowing me to disclose any information your insurance company requests in order for them to process your claim.

Telephone Availability

For canceling and rescheduling appointments, please call the office at 941-926-2959. You may leave a message on my cell phone if you are calling after hours.

Therapy Services Disclosure Statement

Rarely, you may need to call me between sessions.

My cell phone number is 941-780-9030. Please leave a message if I do not answer; I will make every reasonable effort to call you back within 24 hours.

Please limit your use of this number to serious but not life-threatening emergencies. I can not guarantee confidentiality when using a cell phone.

If you are in a crisis, please call the Bayside Center for Behavioral Health of Sarasota Memorial Hospital: 1-800-764-8477 or 917-6770.

EMERGENCY ASSISTANCE CAN BE OBTAINED 24 HOURS A DAY BY CALLING 911 OR YOUR LOCAL POLICE DEPARTMENT.

Vacation and Illness

From time to time I will be out of contact due to such things as continuing education seminars, vacations, illness, family emergencies, etc. Counseling is a uniquely personal service so your counseling may be briefly interrupted at those times. I will give you advance notice whenever possible. If an emergency arises when I am unavailable, please call the Bayside Center for Behavioral Health of Sarasota Memorial Hospital: 1-800-764-8477, or 941-917-7760.

Complaint Procedures

If you are dissatisfied with any aspect of my work please inform me immediately. This will make our work together more efficient and effective. If you think you have been treated unfairly or unethically by me or any other counselor, and cannot resolve this problem with me, you may contact Rev. Rick Howell, Th.M., Executive Director of Samaritan Counseling Services of the Gulf Coast, 3224 Bee Ridge Road, Sarasota, Florida, 34239, at 941-926-2959. You can lodge a complaint or receive clarification of your rights with Rev. Howell.

I look forward to our continued meetings, to learning more about you and your hopes and aspirations, and to helping you refine them and make them a reality.

Please sign and date both copies, and return one to me.

Client's Signature and Date

Counselor's Signature and Date