

Professional Disclosure Statement (Page 1/2)

This document provides some basic information about starting therapy with me. If you have any questions or concerns, feel free to get in touch using the contact information above, or we can discuss during our first meeting. Please initial and sign where indicated below.

About Me: I am a marriage and family therapist licensed to practice in the states of Connecticut and Illinois. I completed my Master of Arts degree program in marriage and family counseling from Adler University (previously The Adler School of Professional Psychology) in 2013, which provided dual training for relational and individual counseling approaches, and have 10 years of experience providing relational and individual support in the therapy field. I have completed additional training in narrative therapy, premarital counseling, acceptance and commitment therapy (ACT), and nonfiction writing. Although I am not a certified sex therapist (CST), I also have an extensive sexuality and sex therapy education. My license numbers and NPI are provided in the footer of this document.

Fees and Payment: If you are not using insurance to pay for therapy, my sliding scale is \$150-100 per hour for in-person, video, or phone sessions with multiple people (including partners and families), or \$130-80 for in-person, video, and phone sessions with individuals. I also accept Blue Cross Blue Shield PPO, Blue Choice PPO, Cigna/Evernorth, Magellan, and United Healthcare/Optum insurance, pending confirmation of, and according to the terms of, your benefits. I am able to offer one pro bono opening at a time, contingent on also having a sustainable distribution of relational and individual cases. Sliding scale fees are determined based on your ability to pay. Fees are negotiated at the start of services, and may be renegotiated if your financial circumstances change during the course of our relationship.

Payment for each meeting is expected at the time of our in-person meeting, or within one week following a virtual meeting. Payments for virtual meetings may be made by credit or debit card or directly through your bank through Square, or using Zelle or PayPal. Payments for in-person meetings can be made using all of the above methods as well as cash or personal check. **Client initials:** _____

Cancellations and Missed Appointments: A session may be canceled without charge if notification is given 24 hours or more in advance of the scheduled meeting time. If less than 24 hours' but more than 12 hours' notice is given, half of the session fee will be owed. If less than 12 hours' notice is given, or an appointment is missed without any notice, you will be expected to pay for the session in full. Please note that insurance cannot be billed for canceled or missed sessions. **Client initials:** _____

Ending Therapy: You have the right to end therapy, or to refuse services, at any time. When possible, it can be helpful to have a final conversation to offer reflections and feedback about experiences in therapy.

Communication Outside of Scheduled Meetings: I can be reached by email at sharon@curiositycounseling.com or by text or voice at 312-623-1845. I am often unable to answer emails, texts, and calls immediately, but I will reply as soon as I am able. I am generally responsive to texts and calls Tuesday through Friday between the hours of 9:30am and 4:30pm Eastern Time or between the hours of 8:30am and 3:30pm Central, and Saturdays between 9am and noon Eastern/8am and 11am Central. Unless we have a scheduled appointment, I generally do not check emails, texts, or voicemails after 4:30 Eastern/5:30 Central Tuesday through Friday, or between Saturday afternoon and Tuesday morning. If I know that I am going to be unavailable for an extended period of time, I will notify all active clients of this in advance.

It can be helpful to communicate between sessions from time to time. You will be asked to provide a separate authorization regarding the forms of communication you feel comfortable with outside of sessions, along with any restrictions you may wish to specify.

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Privacy and Confidentiality: In accordance with legal and ethical requirements, your therapy record will not be released to any person without your permission or court order. Any breach of confidentiality may only be done with your consent, except in those instances noted below.

There are three important exceptions to maintaining confidentiality, which are mandated by law. Firstly, if I believe there to be an imminent risk that you may harm yourself or someone else, I must take steps to protect you or whoever is in danger, even if that means violating your confidentiality. Secondly, if I become aware that a child or elder is being abused, I must take steps to protect that child or elder, even if that means violating your confidentiality. Thirdly, if your record is requested by court order, it must be given to the court. While all therapists are legally and ethically mandated to follow these guidelines, every effort is made to inform you of your rights and protect your privacy to the fullest extent possible.

Other Limitations to Confidentiality: If using your insurance for therapy services, I am required to submit clinical documentation to your insurance provider in order to authorize or qualify you for covered services. Generally this includes a diagnosis code and service dates, although sometimes more information is requested. If using your insurance for payment of services, by signing an agreement you are also consenting to this level of communication with your insurance provider.

I sometimes consult with experts and/or other professionals regarding my work. During a consultation, I avoid revealing the identity of the clients I am working with. Consulting professionals are also required to keep the information confidential. Unless you object, I will not tell you about these consultations unless you or I feel that it is important to our work together.

By signing below, you state that you have read, understand, and accept these terms.

Client Signature (or Parent/Guardian Signature if client is under 18 years of age)

Date

Print Client Name

Print Parent/Guardian Name if client is under 18 years of age