

ELBOW TREE Christian Counseling, LLC

Dorothy Thomas, MSCC, LMFT

Professional Disclosure

Statement and Counseling Agreement

Elbow Tree was established in 2006 on the Southside of Chattanooga, TN at the foot of Lookout Mountain by some dear friends and colleagues of our owner, Hayne Steen. While our practices share a name, some familiar branding, a similar ethos and language, they are two very distinct counseling practices each independently owned and operated. _____(initial)

Training and experience are important factors to consider in choosing a therapist. Bringing more than 30 years of group, family, and individual counseling to the table, my education in Biblical studies as well as in psychological theories motivate me to continue developing in this work. A Bachelor of Science degree in Biblical Studies and a Master of Science in Christian Counseling from Philadelphia Biblical University prepared me well for post-graduate training at the PENN Council for Relationships, then a division of the Department of Psychiatry & Family Studies at the University of Pennsylvania. While I have been licensed to practice in Pennsylvania for years, I am now board certified and licensed here in Florida as well.

I was baptized into a Catholic family as a baby and again as an adult in a cranberry bog in the Jersey Pines. My earliest service in Christ was social ministries work with congregations in a Baptist Church, an Assembly of God Church and then with Calvary Chapel of Philadelphia. Life has led me through many interesting and strange experiences and to worship in many different church settings. Christ has led me from camping in the woods at rock festivals, to raising a family, to serious study of His Word. How many Licensed Christian counselors do you know who were there at Woodstock in '69? Well, you can say you know one now.

The Work of Counseling

It is my honor to work with clients and, as your counselor, I am excited to walk this path with you as you explore ideas, beliefs, choices, and behaviors. I work with individuals, couples, families, and groups on many issues. These include: stress management, depression, grief & loss, spiritual growth, relationship concerns, women's issues, reducing fear of intimacy, survivors of abuse, divorce recovery, healing from heartbreak/infidelity/break-ups, living with chronic illness, cancer survivors and parenting concerns. The process of counseling from a Christian perspective includes not only the healing of past wounds and therapy work in the present, but also the development of spiritual growth and deepened understanding of Biblical wisdom. There is challenging work in the therapeutic process which includes writing, reflection, homework assignments, reading and the grasping of tools and attitudes which support behavior change.

Confidentiality

We respect the information you share with us and how difficult it can be to discuss very personal concerns. I may review "un-identifying details" of your case with my professional peer supervisors with whom I consult in order to help you more fully. Our conversations and our written/taped records are kept confidential and are protected by law, with a few exceptions, which are for your own protection:

- (1) When we believe that you intend to harm yourself or another person
- (2) When we believe a child or elderly person has been—or will be—abused or neglected
- (3) When there is domestic violence in the home.

In rare circumstances professional therapists can be ordered by a judge to release information. Otherwise, we will not tell anyone else about your treatment, diagnosis, history, or even that you are a client without your full knowledge, and usually with a signed Release of Information Form. A copy of the HIPAA (Health Insurance Portability and Accountability Act) Patient Notification of Privacy Rights will be made available to you. Signing at the end of this disclosure will indicate that you have had an opportunity to review and understand this HIPAA document. _____(initial)

We are committed to staying on the leading edge with regard to protection of your confidentiality and Private Health Information (PHI). Therefore, we ask every client to utilize the following HIPAA compliant communication platforms for emailing, texting and video conferencing.

Texting: “Tiger Text” is available in the app store. You may text me using this app once you establish this specific texting service.

Video Conferencing: “WeCounsel” is available in the app store and will require you to login with your username and a unique “meeting code” that I will send you once you are scheduled.

*I understand that utilizing a communication stream apart from these specifically outlined above could jeopardize the confidentiality of my PHI. I also understand that Elbow Tree will not be delivering PHI on any non-HIPAA compliant platform. I will either receive such requested information in the postal mail at my home or arrange to pick it up in the Elbow Tree office. _____(initial)

Counseling Relationship

During the time of your treatment we will meet for regularly scheduled 50-minute sessions. In a professional relationship, respect is necessary on both sides. In the event that we run into each other in a social context, i.e. church or grocery shopping, you may choose to acknowledge me or not. Keeping our professional relationship in mind, I will avoid initiating with you in public. You do, however, have the freedom to initiate with me. Feel free to discuss this with me as I want you to be comfortable with our therapeutic relationship and keeping your confidentiality secure. _____(initial)

Session Scheduling

Your sessions will be scheduled by mutual agreement and are 50 minutes long. When you call the main ETCC phone number, you will usually have to leave a message. My goal is to call you back as soon as possible. Our office works on an appointment-only basis so I may not be able to handle urgent emergencies that may arise. **If your situation is out of control and cannot wait for an appointment, it is important that you contact 911 or your local emergency services.**

If you are unable to keep an appointment, please call/text me no less than 24 hours prior to your appointment. You may leave me a message if needed. Please know that cancellations made inside that 24-hour window will result in you being responsible for paying the full cost of the session that you missed. This policy does not apply to genuine emergencies. _____(initial)

Fees/Methods of Payment

The 50-minute session fee is \$100.00. Payment is required at the time of service and we do not engage in billing for clients. Cash, personal checks and most credit/debit/HSA cards are accepted for payment. There is a \$3 convenience fee for all credit cards. I will provide a receipt upon request for fees paid. There will be a \$25 fee for returned checks. I am also willing to help you seek financial support from your local church and your family to help with the cost of counseling. If you are involved in litigation and I am required to be involved in your case (travel time, preparation, court attendance, letters) I will charge a fee of \$200.00/hour(pre-paid). _____(initial)

Billing/Insurance Reimbursement

I am a board-certified Licensed Marriage and Family Therapist in the states of Florida (MT3381) and Pennsylvania (MF000519). This allows me to provide you with viable insurance receipts and clinical diagnosis. Although I may be in the future, I am not currently listed as a provider on any insurance panels. _____(initials)

Complaint Procedures

As a normal part of the counseling process, I will ask if your sessions are meeting your needs. That discussion will help keep our work on track and make sure you are heard. If you are dissatisfied with any aspect of our work, please inform me. This will make our work together more efficient and effective. The

owner of ETCC in St. Augustine, Hayne Steen, can also be contacted to discuss your concerns. If a problem arises requiring a legal remedy to solve, the client agrees to solve all problems through the means above or independent mediation and not pursue formal litigation. Complaints should be registered with the Florida Board of Health at: Department of Health, 4052 Bald Cypress Way, Bin C75, Tallahassee Florida 32399-3260 or (850)-245-4339.

_____ (*initial*)

Appropriate Referrals

I am qualified to meet the needs of the great majority of the people who come to see me. If I cannot help you, I will try my best to refer you to another appropriate professional in the community. This may include another counselor, a specialized practice or a psychiatrist who can provide further help.

_____ (*initial*)

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If you have any questions, please feel free to ask me. Once you have read and understood this statement, please sign and date. I will sign and give you a copy, keeping one for our files. Thank you for choosing me to assist you here at Elbow Tree.

Counselor Signature: _____ Date _____

Client Signature: _____ Date _____

Parent or Legal Charge (if client is a minor):

_____ Date _____