



Professional Disclosure Statement and Counseling Agreement

Hayne Steen M.A., PMHC

Elbow Tree was established in 2006 on the Southside of Chattanooga, TN at the foot of Lookout Mountain by some dear friends and colleagues, Greg and April Seymour. I recently planted my own counseling practice right here in Saint Augustine, Florida. 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)

I'm honored that you have decided to work with me as your counselor and I'm very excited about beginning this journey with you! Before attending graduate school, my wife and I were on staff with Young Life and the local church for over 15 years. During countless hours of one on one appointments with students or parents, I consistently found myself addressing family situations with them such as dealing with a parent's divorce, sexual abuse, facing family wounds from the past that had never healed, dating, marriage, etc. Seeing these needs, I sensed a calling to pursue advanced psychological studies and devote my life to helping people conquer life issues.

In 2011, I received my Master of Arts degree in Marriage and Family Therapy from Richmond Graduate University. Over the past 20 years, I have counseled individuals, children, adolescents, families and couples with a variety of presenting issues as a lay counselor. For over six years, my work with ETCC has involved these, as well as other types of presenting issues. I use an eclectic and relational approach that best suits the client's needs. I counsel individuals, children (10+), adolescents, families and couples with a variety of presenting issues such as depression, stress management, divorce recovery, anxiety, spiritual issues, co-dependency, parenting questions, grief issues, low self-esteem, recovery from sexual abuse and marital dissatisfaction. I am being certified in Critical Incident Stress Management while serving on a disaster response team that provides mental health aid in international disaster situations.

NATURE OF COUNSELING

My goal for you in counseling is to help identify your childhood wounds, faulty thinking, and unhealthy behavioral and relational patterns and to walk beside you in the healing process. Unfortunately there are no "quick fixes" in counseling only hard work in the form of sessions, homework assignments, writing, reading, learning tools and techniques, and attending workshops when appropriate. As a Christian counseling practice we are committed to help your spiritual life develop and enable you to understand Biblical truth and apply it to your life.

CONFIDENTIALITY

We respect the information you share with us and how difficult it can be to open up. I may review "un-identifying details" of your case with other counseling professionals whom I consult with in order to help you in the best way possible. Our conversations and our written/taped records will be 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 and (3)

when there is domestic violence in the home. In rare circumstances, Professional Counselors 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 HIPPA (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)

COUNSELING RELATIONSHIP

During the time of your treatment we will meet regularly for 50-minute sessions. Ours is a professional relationship and must be respected by both sides. There may be opportunity for us to run into each other in a social context i.e. church, the grocery store or school etc. Let's both keep our professional relationship in mind at this time. To protect you, I'll tend to avoid initiating with you in public. However, you always have the freedom to initiate with me. Please feel free to discuss this with me at any time when this happens. My goal is to make you comfortable with our professional relationship and best meet your needs as a client. _____ (initial)

SCHEDULING AND LENGTH OF SESSIONS

Sessions are 50 minutes long. I will schedule our sessions per mutual agreement, as time is available. If you call the main ETCC phone number, you will usually have to leave a message, but my desire is to call you back as soon as possible. Because, I operate on an appointment basis only, I may not be able to handle urgent emergencies that may arise with clients. If your situation is out of control and can not wait on an appointment, it is important that you contact 911 or your local emergency services. If you are unable to keep an appointment, please call/email/text me at any point on the day before the appointment. You may leave me a message if you need to. Same day cancellations will result in you being responsible for paying the full cost of the session that you missed. Of course, this policy does not apply to emergencies. Because of my participation in two different networks of providers who participate in disaster response (one local and one international), from time to time, I may ask you to consider rescheduling a standing appointment(s). I would appreciate your sensitivity, flexibility and grace in this area. _____ (initial)

FEES/METHODS OF PAYMENT

The fee is \$100.00 per 50 minute session. I ask for payment at the time of service, and do not engage in billing for clients. Cash, personal checks and most credit/debit/HSA cards are acceptable for payment. For credit/debit/HSA cards, there will be a \$3 convenience fee. I will provide you with a receipt upon request, for fees paid if you desire. 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, attendance at court, letters) I will charge you a fee of \$200/hour (pre-paid). _____ (initial)

BILLING/INSURANCE REIMBURSEMENT

As I am a new Mental Health provider in the state of Florida, I am classified as a "Provisionally Licensed Mental Health Counselor" which for a short season will most likely prevent me

I will be happy to provide you with a receipt for insurance reimbursement, which will contain diagnostic and CPT codes. It will be your responsibility to file with your insurance company, and

to see if they will cover any of the charges. Some insurance companies will reimburse clients for my counseling services and some will not. Some require that a deductible be met first and some only require a co-payment. You will need to contact your insurance company to find out what your insurance policy allows. However, please remember that you are responsible for paying the fees agreed upon, and not your insurance company. Health insurance companies often require that I diagnose your mental health condition and indicate that you have an "illness" before they will agree to reimburse you. In the event that a diagnosis is required, I will inform you of the diagnosis that I plan to render before I submit the form to the insurance company. Any diagnosis made will become a part of your permanent insurance records. It is your decision whether you wish to file/inform your insurance company that you are seeing a counselor. I usually do initial assessments during the first few sessions, and will include our diagnosis in the client file. That diagnosis is kept with the client's permanent records in my office files. _____ (initial)

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me, Hayne Steen, owner of ETCC in Saint Augustine, immediately. This will make our work together more efficient and effective. 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 also 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 vast 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 to meet your needs.

If you have any questions, please feel free to ask me. Once you have read and understood this statement, please sign and date. Thank you for choosing this practice to meet your needs.

Counselor Signature : _____

Date : _____

Client Signature : _____

Date : _____

Client Signature : _____

Date : _____

Parent – or - Legal Charge, if Client is a Minor: _____

Date: _____