

Embrace Wellness and Therapy Consent to Treatment

Professional Disclosure Statement And Consent for Mental Health Counseling Services Kayla N Drennen M.S. , NCC, CCMHC

Disclosure Statement:

This statement includes your rights and responsibilities. In order to create an effective therapeutic relationship you, as my client, must take full responsibility for your part and take it seriously. You can rely on me to do the same. I provide services to populations 10 and older. This document falls in line with the Standards of Practice of the Tennessee Board of Licensed Professional Counselors (LPC). This is stated in Section 90-343 of the LCP Act. This statement will inform you of the following: my professional credentials, services and fees, therapeutic style, your rights and responsibilities, confidentiality and its limitations, complaint process, insurance and diagnosis, and a description of my services. Together we will go over this document. Please feel free to ask any questions or concerns about this document or our relationship. **IF**, at any time, you wish to revoke this agreement you may do so in writing. By signing this form, you agree to its contents and to enter into a therapeutic relationship with myself.

Client's Rights and Responsibilities

- You have the right to choose a therapist based on your needs and therapeutic goals

- You have the right to terminate therapy at any time. It is your responsibility to communicate with your therapist if you intend to terminate and to do so in writing.
- You have the right to ask questions about treatment at any time and to make suggestions to your therapeutic journey.
- Your therapeutic treatment is a full collaboration between you and your therapist. It is your responsibility to communicate fully in order to foster an effective therapeutic relationship.
- You have the right to access your files

Education & Training

- M.S. Clinical Mental Health Counseling, North Carolina A&T- 2016
- B.A. Psychology, Warren Wilson College- 2013

Therapeutic Process and Assessment

I collaborate several different styles and philosophies into therapy. Depending on the client's needs, I will use different methods and approaches. I believe in a holistic approach that assesses the mind, body, and spirituality of the individual and how these facets are incorporated into their everyday life. The process of therapy is primarily based on your goals as a client. Your journey is facilitated through combined efforts of you and myself. You understand that your effort and willingness are essential to your growth inside and outside of therapy sessions.

Fees and Services

I will hold 50 minute sessions at \$ 75. The initial intake session is \$80. Couple sessions are \$90. Payment is due at the beginning of each session. Payment can be made in the form of cash, credit, or check. Fees are non-negotiable. If you do not pay your debt I reserve the right to contact an attorney to secure payment. If you cannot attend your appointment you **must** notify my secretary **24** hours in advance, or you will be charged for the session. I do not accept bartering as form of payment.

***Checks should be made out to “Embrace Wellness and Therapy”**

Sliding Scale

In order to receive a sliding scale fee, you must provide verification of employment or tax information.

Confidentiality and Limitations

I ensure that all personal information will be kept private with few limitations:

Limitations to confidentiality:

- If you pose a risk to your self or others
- If you possess information about ongoing abuse or information regarding harm to others
- I may consult with a colleague/therapist in order to provide the best possible service. Identifying information such as your name will remain confidential.
- If I am presented with a court order, I will be required to submit personal information. I would consult with an attorney to insure I only provide the minimum information required by law.
- If my safety is in danger

- If you submit a complaint

Risks/Benefits of Therapy

Although I firmly believe you will benefit and grow from therapy, you should understand that there is no guarantee. You may experience difficult emotions that can be hard to understand and cope with. We will discuss and process these emotions during our sessions.

There are also the risks of confidentiality, which are discussed above.

Termination of Treatment

As stated above in Client's Rights, you have the right to end treatment at any time. We can discuss this together and have a closing session. If you choose to end therapy without consulting me, please do so in the form of writing so that I will have documentation.

Complaint Process

As the client, if you are unhappy with the course of treatment at any time please bring this to my immediate attention. We will have a discussion about what you are seeking and determine if your goals are feasible in my practice.

If you feel that I have wronged you or have acted in a negligent manner you have the right to file a formal complaint. If you intend to proceed with a complaint please contact the Tennessee Board of Licensed Professional Counselors **Office of**

**Investigations 665 Mainstream Drive, 2nd Floor, Suite 201 Nashville, TN
37243**

*** As stated in the *limitations to confidentiality* section, I will be required to release your information regarding our sessions.

I _____ have read the statements above and understand that by signing this document I agree to adhere to its contents. I consent to therapy with Kayla Drennen, M.S. I have read and understand my rights as a client.

Client signature

Date

Guardian signature

Date

Therapist signature

Date