

Courtney Armstrong, LPC/MHSP
Licensed Professional Counselor

Dear Prospective Client:

The decision to seek counseling is an important one, but clients are often unsure of what to expect from the counseling process. This document explains my training, my role as the counselor, and your responsibilities as client.

Counseling Relationship and Client Responsibilities

I view the counseling relationship as a collaborative one in which we work together to help you access your own personal resources to handle your problems. For the process to work, you need to be honest and accept responsibility for applying what you learn from our sessions. Though you are likely to find ways to reduce distress, improve relationships, and resolve some problems; you may also experience some uncomfortable feelings or even contemplate separation from a significant other as you gain awareness or implement change. If you experience any of this, I expect you to let me know, so we can address it in our sessions.

Types of Services/Clients Served/Areas of Expertise

I have a Master's degree in Counselor Education and am licensed to practice professional and mental health counseling by the state of Tennessee, LPC License # 831. I have been practicing professional and mental health counseling since 1995. I also have training in Biofeedback, Hypnosis, Rapid Trauma Resolution, and similar mind/body techniques which can be integrated into therapy, at your request.

Financial Policy/Assignment of Benefits

My fee for most services is \$125 per hour. If you are not using your insurance, you may be eligible for a 20% discount off these fees. If you need to cancel an appointment, you must give me 24 hour notice or you will be charged a \$50 late cancellation fee.

If you are interested in filing a claim with your insurance company, I will provide a form you can file so they can reimburse you directly. Currently, I am only "in-network" with Blue Cross Blue Shield of Tennessee and Magellan Health Services. I am considered "out-of-network" with most other plans. ***Therefore, it is your responsibility to contact your insurance company to verify if they provide coverage for my services.*** Regardless of insurance coverage, you are fully responsible for all charges for treatment or services, including any additional legal or collection fees required as a result of non-payment of your account.

Privacy and Confidentiality

All communication with my clients is conducted in my private office. Similarly, my records for clients are kept in a locked file cabinet in this office. Information shared with the counselor is kept confidential except in the following circumstances: 1) A client reveals thoughts or plans to harm themselves or others; 2) A client reveals a situation that may be considered abuse or danger to a child or elderly person; 3) I am served with a court order to release information involving the client; 4) The client provides written consent to release information; 5) Diagnosis and dates of service shared with the client's insurance company for billing purposes. .

Phone Availability/Emergency Situations

Ordinarily, you may call my office at (423) 876-3490 and leave a message on my confidential voice mail box. I will make every effort to return your call the same day you call, with the exception of non-emergency calls made on weekends and holidays. However, because *I am in session most hours of the day, I may not be able to return your call for 24 hours.* **Therefore, if you are in crisis, please call 911 or go to your nearest hospital emergency room. Other community resources are: Crisis Respond at (423) 499-2300, or the Crisis Response Team at (423) 634-8995.**

Your signature below will serve as your informed consent for counseling services and agreement with these policies.

Client signature: _____ Date: _____

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