

Professional Disclosure Statement and Counseling Agreement
Trey Tucker, LPC-MHSP

We are pleased that you have selected the Christian Counselor Cooperative and me, Trey Tucker, as your counselor. Over the past ten years I have helped people just like you. Working together, we can discover who you are and why you're here. I believe God has created us all in His image for a good, meaningful purpose. Working together will be an encouraging, uplifting experience. We will make room for humor and lighthearted moments because our time together, just like your life, can be enjoyed and make sense.

CONFIDENTIALITY We at CCC respect the information you share with us and how difficult it can be to open up. I may review "unidentifying 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 state 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 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.

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.

SCHEDULING AND LENGTH OF SESSIONS A counseling session 50 minutes. I will schedule our sessions per mutual agreement, as time is available. If you call the main CCC 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 cannot 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 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.

FEES/METHODS OF PAYMENT My standar fee is \$125.00 per session. I ask for payment at the time of service, and do not engage in billing for clients. Cash, check, or credit/debit cards are all acceptable forms of payment. For credit/debit cards, there will be a \$3 convenience fee each individual session the card is used. 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).

BILLING/INSURANCE REIMBURSEMENT Though I do not participate in any insurance provider programs, I am able to offer super billing, which allows you to send our receipts to your insurance company for your reimbursement.

COMPLAINT PROCEDURES If you are dissatisfied with any aspect of our work, please inform me or Greg Seymour, owner of CCC, 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 Tennessee Department of Health Attn: Office of Investigations - 665 Mainstream Dr., 2nd Floor, Suite 201 - Nashville, TN 37243.

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

Minor: _____ Date: _____