



Counseling Agreement and Consent for Treatment

Welcome to SouthernMED Counseling. We are glad you have chosen us to help you explore your concerns. If you have any questions regarding any documents you have received, please feel free to discuss them with your counselor.

Contact Information: SouthernMED Counseling has the following locations:

- Lexington: 216 East Main Street, Lexington, SC 29072
- Lexington: 1633 South Lake Drive, Lexington, SC 29073
- Summerville: 312 Midland Parkway, Summerville, SC 29485
- Aiken: 206 Centre South Boulevard, Aiken, SC 29803
- Columbia: 425 Summit Terrace Ct, Columbia, SC 29229

Clients are seen by appointment only. Our telephone number is 803-520-8295, and our fax number is 803-520-8298. Our website is www.southernmedcounseling.com.

Fees: The charge for an intake session is \$210.00 per hour. The charge for follow-up sessions is \$160.00 per hour. Self-pay clients receive a 25% discount on services (\$160.00 intake; \$120 follow-up). We offer payment plan options for self-pay clients. You are responsible for any fees due to SMC that your insurance plan does not pay.

Confidentiality: Our center complies with all federal HIPAA requirements and South Carolina state mandates related to the confidential nature of your information. The information you share with our staff is considered protected health information (PHI) and is confidential except for in specific situations. Please consult our Notice of Privacy Practices for detailed information on how your PHI is protected. You may read this on our website or obtain a copy from our receptionist.

Your Counselor: Your counselor is not a physician and cannot prescribe medications. He/She is willing to consult with your physician, or others such as an attorney or previous counselor if necessary for treatment purposes in your best interest. Also note that, according to licensure regulations, any type of sexual behavior between counselor and client is unethical. It is never appropriate and will not be condoned.

Ethics/Licensure Board: Counselors at SouthernMED Counseling abide by the Code of Ethics set forth by South Carolina Statute.

Bryan, Lannie, Dylan, Dallas, Emily, Leticia, Rhonda, Tessa, Marcelle, and Charlotte are currently licensed under:

SC Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists.

110 Centerview Drive, P.O. Box 11329

Columbia, SC 29211-1329
803-896-4658
www.llr.state.sc.us

Kathryn is currently licensed under:

South Carolina Board of Social Work Examiners
PO Box 11329
Columbia, SC 29211-1329
803-896-4719
www.llr.state.sc.us

The Counseling Process: Counseling is an interactive process between the client and the counselor. The services offered and the length/frequency of counseling sessions will be tailored to the unique needs of each client. Typically, a therapy session lasts 50-60 minutes one time per week.

Discussing private, personal, and sometimes unexplored matters may be difficult at times and could bring up unpleasant thoughts and feelings. Also, attempting to make significant life changes could cause negative responses from others in your life. However, the potential benefits of counseling include increased life satisfaction, increased understanding of thoughts/feelings, increased coping skills, better communication skills, and better overall functioning.

Also note that for treatment and billing purposes, your counselor will generate a diagnosis related to your case based on criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders. This diagnosis will be attached to treatment records including those used for billing purposes. You have the right to be informed of your specific diagnosis. Please feel free to discuss this with your counselor.

Also, each client has the right to receive services regardless of race, gender, creed, color, or physical/mental handicap. Each client has the right to know the reason for services provided and has the right to refuse or terminate services at any time. As with all mental health treatment, no guarantees can be made regarding treatment outcomes.

Acknowledgement

I acknowledge that I have received and read SMC's Counseling Agreement and Consent for Treatment Statement. I also acknowledge that a copy of SMC's Notice of Privacy Practices is available to me at any time. I further acknowledge that I seek and consent to treatment with the staff of SouthernMED Counseling. My signature below confirms that I understand and accept all the information contained in the aforementioned statements.

Client Name

Client Date of Birth

Signature of client or responsible party

Date

