



## **ReFocus Together Counseling Services**

Telehealth Professional Disclosure  
Statement/Client Agreement

Prior to establishing a counselor/client relationship, it is important that you first review this disclosure statement completely and carefully. It will give you a better understanding of what to expect from me and the counseling process. Should there be any confusion, I am more than happy and willing to go over it together. Please do not hesitate to ask questions.

### **What is Telehealth Counseling?**

Telehealth Counseling is similar to face to face counseling, except sessions are conducted either over the telephone or over the internet using software that can be downloaded to your computer or mobile device. Although face to face counseling is the preferred approach for conducting therapy, electronic forms of counseling can provide therapy services for clients that have extenuating circumstances.

### **Forms of Telehealth Counseling I Offer?**

I currently offer internet and telephone counseling in conjunction with email.

### **Benefits/Limitations of Telehealth Counseling:**

Electronic forms of counseling can be a helpful alternative approach to traditional, face to face counseling.

Some of the **benefits** include: 1. Flexibility for individuals that work excessive hours and experience trouble meeting traditional business hours, 2. Accessibility for those that have barriers such as disabilities, transportation and child care, 3. Increase in choice for those residing in rural areas, 4. Comfort for people experiencing social anxiety issues, and 5. Elimination of visibility entering/leaving a counseling office.

There are some **limitations** that could impede the therapy experience. These limitations include: 1. NOT available for those with a history of severe/chronic mental health issues and/or suicidal/homicidal ideations/attempts, 2. Some confidentiality limitations, 3. Potential for connections to be disrupted or disconnected, 4. Possibility of

miscommunication due to limited body language cues and/or misinterpretation of tone of voice/inflection.

### **Counseling Approach**

I primarily practice therapy under the model of Rational Emotive Behavioral Therapy (REBT)/ Cognitive Behavioral Therapy (CBT) in collaboration with a psycho-educational approach.

### **What I Provide/My Clients**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. I am determined to create a caring and trustworthy environment that you can feel safe and comfortable in. The relationship functions most effectively when it remains strictly professional and involves only one the therapeutic aspect. *For the same professional reasons, as your therapist, I will decline any type of association through social media and can best serve your need by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade or barter for services.*

### **Expectations and End Results (Benefits and Risks)**

It is important that we work together to find solutions. I don't tell people what to do but rather help guide my clients to alternatives and options. By participating and cooperating, the counseling experience can be much more meaningful and successful. Although there are no guarantees, for many clients, the benefits exceed the risks. After counseling, a number of clients experience a sense of control, confidence, self-acceptance, release of stress and are able to meet personal goals. Possible risks involve strong feelings and emotions that come from bringing up the past. Another concern would be the possibility that new personal changes could affect others in your life and create other concerns. In situations like these, we can address conflicts that the counseling experience creates.

### **Client Rights, Confidentiality and Limitations**

All clients have the right to their personal information discussed in a counseling session to be confidential. However there are a couple limits to that confidentiality. (1) If I am brought into a court case, by law I must reveal your files and (2) If I suspect child abuse/neglect, abuse to others who are unable to report for themselves, or harm to self or others, I am required by law and ethical codes to contact the appropriate authorities.

ReFocus Together Counseling Services is compliant with HIPAA law and Notices of Privacy Practices will be available for all clients. A HIPAA notice was made available to me:

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Client Signature

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Date

### **Length of Services**

The length of counseling experience can vary from client to client so reaching goals are usually my marker for determining when counseling is no longer needed and progress is constantly monitored. Counseling sessions are 45-60 minutes each and are scheduled as needed.

### **Termination, Referrals, and Alternative Resources**

My voluntary clients (not court appointed or parent requested in the case of a minor) can terminate the counseling session at any time. I may terminate sessions when goals have been met and in cases of multiple delinquent payments or missed appointments. I may refer a client to another therapist if I feel my experience doesn't meet the needs of the client or if we are not making progress in the counseling sessions. Before, during, and after our counseling relationship I can help suggest other alternative resources to help in your time of need such as literature, support groups, clinics, etc.

### **Payments and Fees**

For those that are private pay clients payment for each session can be made by credit card.

- Intake sessions (1st appointment) are \$100.00-\$150.00
- Video individual sessions are \$100.00/ Couples sessions \$125.00
- *Note: Fees are the standard pricing and does not include sliding scale fees or pro bono clients.*

There is a fee for cancellations without at least a 24 hour notice as well as any missed appointments (No call, no show). If you miss a session without giving 24 hours notice, we offer *one free exception*. For any additional missed sessions, you will be assessed the **full session fee**.

### **Board of Licensing**

If you have any licensing or regulations questions contact the following: State of Maryland Department of Health and Mental Hygiene – Bd. of Professional Counselors 4201 Patterson Ave. Baltimore MD 21215 (410) 764-2400

I have read, understand and agree to the terms/conditions above:

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*Ebony Griffin*

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Ebony Griffin, MA, LCPC, License #LC10853