New Perspectives Counseling, LLC. Professional Disclosure Statement and Consent for Treatment with Cindy Priest Entrekin, M.A., LPC

The document contains important information about my professional services and is mandated by both South Carolina State law and New Jersey state law. It is designed to inform you about my background and to ensure that you understand our professional relationship. If you have any questions at any point during treatment, please feel free to ask questions. I am always open to discussing any concerns or questions you may have.

Please sign at the bottom to indicate that you understand and agree in full with the following statements:

Personal Qualifications: I am the Clinical Director/Counselor of New Perspectives Counseling, LLC.

Please note some of my credentials listed below:

- Licensed Professional Counselor (SC & NJ)
- National Certified Counselor
- Eye Movement Desensitization and Reprocessing (EMDR) Training Level 1 and 2
- Member of the American Counseling Association

I received my Master’s Degree (Counseling) from Gardner-Webb University in 2000. I continue to receive ongoing education with continuing education offerings related to various areas of counseling. I have practiced as a mental health counselor in a variety of settings over the years.

Counseling Services and Philosophy of Treatment: I believe counseling is a collaborative effort between the client and counselor. We will work together to solve problems, gain new perspectives and meet the therapeutic goals you have. I take my responsibility as a counselor very seriously and will work to maintain a strong therapeutic alliance with you. My expectation is that you will be working just as diligently towards meeting your therapeutic goals. I treat individuals, so you will be treated with techniques and methods that work best for you. If something is not working for you, I encourage further discussion so that we can find out what does.
Therapy has repeatedly been scientifically demonstrated to be of benefit for most people in most situations. When we begin counseling, it will be important for us to talk about the areas of your life you wish to improve or “change” and then set goals for what you would like to accomplish with counseling. Be aware that addressing a stressor or difficulty in our life head on is not a natural tendency, therefore counseling is at times, not “comfortable.” Once we work through the “uncomfortable” feelings and begin to reprocess, you will start to feel better about the progress you are making. We will review our progress as needed and, if necessary, redefine our goals of therapy to be more in line with your priorities as you grow and change.

**Confidentiality:** The privacy and confidentiality of our work together is very important. Our conversations and your records are privileged information that cannot be disclosed to anyone without your director and written authorization as mandated by federal and state law, according to HIPAA, and by my profession’s ethical code. Your therapy file can be subpoenaed in SC and NJ by court order (signed by a Judge) but is considered privileged in the federal court system. However, under several rare circumstances, I am compelled by law to disclose what we have talked about, to break confidentiality. Please refer to my handout on Confidentiality in Psychotherapy, which is being provided to you.

Please remember, if you wish for your protected health information (defined by HIPAA) to be released to someone (attorney, physician, etc), you must sign a specific release of information.

**Contact Information:** New Perspectives Counseling, LLC. is located at 1 Mill Ridge Lane Suite 205, Chester, NJ 07930. Usual office hours are M-F from 9 am to 4 pm. My clients are seen by appointment only. Special appointments for evenings, weekends, and other selected times will be considered. My telephone number is 201-407-7355 and the voicemail is confidential. The company webpage is [www.newperspectivescounselingllc.com](http://www.newperspectivescounselingllc.com) and contains more information regarding New Perspectives Counseling, LLC.

*I am not available 24 hours a day. If you need to get in touch with me, please call (201) 407-7355. All messages left after business hours will be addressed the next business day. If you cannot reach me in an emergency, please call 911 or go directly to the nearest hospital emergency room for assistance.*

**Fees:** My current fee is $150 per 45-50 minute session. Fees are due at each session in the form of cash, credit, debit (including HSA cards) or check. I can provide you with a Superbill to file for out-of-network reimbursement by your insurance company should you choose to do so but payment is due at the time of service. Report fees are $200 and court appearances are $175 per hour.
Each individual session is scheduled for 45-50 minutes duration. An appointment is a commitment to our work and a contract between us; we each agree and promise to be here on time. If you are late for a session, that time is lost from your session. If you are unable to make your scheduled appointment, please notify me 24 hours in advance. Since a time slot is reserved for you that cannot be offered to anyone else, you will be charged for all “late cancellations” as well as for appointments missed without notifying me. If you reschedule within 24 hours of calling to cancel, I can waive the cancellation fee. The cancellation/missed appointment fee is $75. Cancellations are discouraged because continuity is crucial to the effectiveness of the therapeutic process.

**Record Keeping:** I keep very brief records. They will note only that you have been here, the topics discussed, and any “homework” assignments recommended. I maintain records in a secure location that cannot be accessed by anyone else.

**Complaint Procedures:** If you are dissatisfied with any part of our work together, please let me know as soon as possible. This will give us an opportunity to make our work together more effective and efficient. If you believe that I have treated you unfairly or unethically, and that we cannot resolve the problem together, you can file a formal complaint to the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists at PO Box 11329, Columbia, SC 29211-1329 or call (803) 896-4658. For NJ residents, you can call the New Jersey Department of Consumer Affairs at (973) 504-6200.

**Additional Information**

**Expert Testimony:** I will not be available to provide expert testimony in court if you were to become involved in a divorce or custody dispute. There are two reasons I base this decision on: 1) my evaluations will be seen as biased in your favor because we have a therapeutic alliance, and 2) I must put your interests first, since the testimony may negatively affect our therapeutic relationship.

**Code of Ethics:** I fully abide by the Ethical Principles of the American Counseling Association, the National Board of Certified Counselors, the S.C. Board of Examiners for Licensed Professional Counselors, and the New Jersey Professional Counselors Examiners. Furthermore, any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

**Out-of-Office Contact:** Although our work together will involve discussion of very private
matters, our relationship must be limited to formal professional contact, with no other informal social or other outside activity, i.e. Facebook, social networking websites, etc. If we meet on the street or socially, I will probably minimize our conversation so as not to run any chance of breaching confidentiality in a public environment.

**Termination of Counseling:** This occurs when: A) Treatment and goals are completed successfully and counseling is no longer necessary, or B) the counselor and/or the client believe counseling for any reason is no longer necessary, or C) a client has not seen the counselor for a period of 60 days.

**Informed Consent:** By signing below, you verify that you have been given this document and the HIPAA document, that you have read and understand these documents, and that you consent to treatment.

“I acknowledge that I have received, read and understand Cindy Priest Entrekin of New Perspectives Counseling, LLC Professional Disclosure Statement, HIPAA Client’s Rights and Consent for Treatment. I further acknowledge that I seek and consent to treatment with Cindy Entrekin, MA, LPC, NCC. My signature confirms that I understand and accept all the information contained in the Professional Disclosure Statement, Client’s Rights and Consent for Treatment.”

_____________________________________________________ ___________________________
Client Signature         Date

(Please sign, date, and return via email: cindy@newperspectivescounselingllc.com.)