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## **PROFESSIONAL PRACTICE DISCLOSURE**

**Welcome to *Bridgestone Consulting Services, LLC*. This document contains important information about my professional services and business practices. Please review it thoroughly and feel free to ask me any question that you might have.**

This document is designed to inform you about what you can expect from me regarding office practices, confidentiality, emergencies, and several other details regarding your treatment. Please read them and if you have any questions, discuss them with me. Please note that when you sign this document or sign that you have received this document, it will represent an agreement between us.

### **Background Information**

**Bridget Holyfield-Moss** is a Licensed Professional Counselor with 18 years of experience in working with children and adolescents and their families. Throughout her career she has worked with male juvenile sex offenders to also include population who presents with severe emotional and behavioral disorders. Mrs. Moss is an approved Clinical Supervisor in the State of Georgia and she has received a wide range of evidenced based therapeutic techniques, and clinical training and experience in working with diverse populations. In addition to her profession, she is also an advocate for children and families and plans to continue her mission of “**bridging the gap to empowerment**”.

### **Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

Psychotherapy can have benefits and risks. Therapy at times, can often involve discussing unpleasant aspects of your life. This may result in you experiencing uncomfortable feelings like sadness, guilt, frustration, and anger. The important thing to remember is that psychotherapy has also been shown to have benefits for people who go through it. Therapy can lead to solutions to problems, an overall reduction in feelings of distress, and better relationships. There are no guarantees of what you will experience, however we will work together to ensure that most of your goals are met.

In order for therapy to be most successful, it is important for you to take an active role, both during and between sessions. This also means avoiding any mind-altering substances including but not limited to alcohol and non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe has the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit.

### **Confidentiality & Records**

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a “Release of Information” form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who



may require protection; or (4) I am ordered by a judge to disclose information or (5) in order to handle billing or payment.. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. The state of Georgia has a very good track record in respecting this legal right. If for some reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say to me confidential.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner if applicable. Please note that this does not apply if you reveal to me information that might put your life at risk. If I am put in a position of being asked to keep a secret, due to ethical reasons, I may have to terminate my work with you. If any person from any party wishes to release the information found in the clinical record, I require that both parties sign the release.

### Minors

If you are your child is under 18 years of age, please be aware that by law one's parents may have the right to examine a minor's treatment records. It is my policy to request an agreement from parents that they agree to give up access to their minor child's records as to encourage honesty and openness unless the minor child reports that they are in danger.

### Couples

When working with couples, confidentiality still applies with a few exceptions. It is important to note that as your couple's therapist I have a "no secrets" policy. This means that I will not agree to keep any secrets between you and your partner. Please note that if I am placed in a situation in which I am asked to keep a secret, I may have to terminate working with you and refer you to another therapist. I also require that if records are to be released that both parties sign off on the release form that gives me permission to release any mutual records.

### Financial Terms and Fees

As a client, you have the right to pay for your services out of pocket or use your insurance benefits if applicable. It is important that you understand the differences between these two options. Insurance companies have many rules and requirements specific to certain plans. Please note that managed care companies typically cover only those services deemed medically necessary, therefore they require a diagnosis for treatment. Please let me know if you have any questions and/or concerns regarding this.

**If you have coverage for behavioral healthcare under an insurance plan, you are responsible for obtaining initial authorization for treatment from your insurance carrier. I will bill your insurance, however, you are responsible for co-payment amounts and deductibles as set for the by your benefit plan. Missed appointments, disability evaluations, court ordered evaluations, completion of forms for attorneys or employees, court appearances, copies of records, letters, or any other types of reports are not covered by your insurance and the charges associated with them are your responsibility.**

**There may be certain circumstances in which a client may not be covered by insurance or wish to pay privately due to concerns about having to release confidential information to their insurance companies or simply due to the fact that certain services are not covered by their insurance plan. I do offer a variety of service packages that can be custom designed to fit your needs if you choose to pay out of pocket**

**If you choose to pay out of pocket, 45-50 minute Individual counseling sessions are \$80.00, and Couples Counseling is \$110.00. All fees are to be paid at the time of service.**

**Other Service Fees:**

\*Paperwork charges for disability evaluations, court ordered evaluations, completion of forms for attorneys or employers, or any other type of reports requested by you or an outside source is \$45.00 for complex paperwork and \$20.00 for simple paperwork.

\*Court appearance charges start at \$30.00 per hour and increase depending on time spent in court and client scheduling time lost.

\*There is a charge of \$1.00 per page to copy records, plus postage if applicable.

**Cancellation/Missed Appointments Policy**

Each session is approximately 45-50 minutes in length. Your appointment time is reserved especially for you. Please respect that there may be times when other clients are on a waiting list to be seen. **If you must cancel, please notify the office as soon as possible. If an appointment is missed or it is cancelled with less than 24 hours notice, you may be charged \$20.00.** Please be aware that your insurance company cannot be billed for fees associated with missed or canceled appointments.

**In Case of an Emergency**

I am available to return routine and urgent calls within 24 business hours. Please note that I am often not immediately available by telephone. It is my policy to not answer my phone if I am with a client. When I am unavailable, my voice mail will be available for you to leave a message. If emergency mental health services are needed and I am not available to contact you immediately, call the emergency mental health crisis line 1-800-715-4225 or go directly to the nearest emergency room or call 911.

**Professional Relationship**

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways (e.g., social, business, etc.), we would then have a "dual relationship." Dual relationships may compromise our treatment and, therefore, are discouraged in the mental health profession. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their client's secret. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way; they are strictly for your long-term protection.



### **Termination Policy**

People terminate counseling for various reasons. Sometimes termination is premature of goals being met, while at times counseling is terminated because goals have been accomplished. I want to ensure you that it is my policy to support all termination, for whatever reason.

Termination (ending therapy) is an important part of the treatment process. It is best this be a joint decision so progress can be reviewed and expectations for the future can be discussed. Although it is my goal to work with you until your treatment goals have been completed, there will be times when therapy will have to be terminated prematurely. If I cannot provide appropriate therapy for your treatment needs, if treatment goals that are mutually agreeable cannot be developed, if financial commitments are not honored, if you are not benefiting from therapy or if the therapy environment becomes unsafe, if there is repeated non-compliance with appointments, the therapeutic relationship will be terminated.

Any non-voluntary termination will be accompanied by an appropriate referral for mental health services. A case will be identified as voluntarily closed after mutual discussion between therapist and client(s) or if there has been no contact for 60 days.

### **Technology Statement**

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. If you would like for me not to use a cell phone when contacting you, please let me know.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.

Facebook, LinkedIn, Etc: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook or LinkedIn because it may compromise your confidentiality. Additionally, my ethics code prevents me from soliciting endorsements from clients, and the concept of "Fanning" is considered to be bordering on such solicitation. However, it is still your prerogative to view or share any content on my professional pages. Please note that you should be able to subscribe to my professional Facebook page via Really Simple Syndication (RSS) without becoming a Fan and without creating a visible, public link to my Page, which I strongly encourage for your privacy.

Google: I do not search for clients on Google. I respect your privacy and make it a policy to allow you to share information about yourself to me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

### **Statement Regarding Ethics, Client Welfare & Safety**

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.



Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

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I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Professional Practice Disclosure" form as well as the "Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices" provided to you separately. Your signature also indicates that you agree to the policies of your relationship with your therapist, and you are authorizing your therapist to begin treatment with you.

\_\_\_\_\_  
**Client Name (Please Print)** \_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (Please Print)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (Please Print)** \_\_\_\_\_  
**Date**  
*(If Applicable)*

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**  
*(If Applicable)*

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist's** \_\_\_\_\_  
**Date**