

Sunlight Counseling LLC

509 W. Rollins, Ste 207

Moberly, MO 65270

Ph: 660.269.9200

E-mail: jdburgeson@gmail.com

Web: www.sunlightcounseling.com

Professional Disclosure and Treatment Contract

Purpose of this Document:

The following document answers some of the commonly asked questions about my private practice. My hope in providing you with this document is that you will be informed about me as a therapist, the therapy that I provide, and the policies of my counseling practice so that you can make an informed decision regarding the counseling you desire. Should you decide to receive counseling at Sunlight Counseling LLC, this document will also serve as a therapeutic contract. It is your right to understand completely the contract and have a complete explanation of therapy. If you do not understand something, feel free to ask.

Who am I?

My name is Donna Burgeson M.Ed., LPC, RN and I am the owner of Sunlight Counseling LLC and a licensed professional counselor in the State of Missouri. I have been working with individuals and families in the Moberly area since 2012. In addition to adult individual, couple, and family counseling, I have interest and experience in Play Therapy for children. Having 20 years experience as a registered nurse, I bring a unique element to the counseling experience. I understand the connection between our bodies and our minds and tailor my counseling accordingly. I received my master's degree from Stephens College in Columbia, Missouri.

Approach to Therapy

I view each person as unique, created with value, purpose and desiring relationship. I use an integrated, interpersonal process approach. I do not believe that any one counseling theory is complete in and of itself. Therefore, I use multiple facets from various theories tailored to your individual needs. I do, however, have a strong affinity to the Attachment Theory and the Cognitive Behavioral Theory. If you would like further information about these approaches, please feel free to discuss that with me.

Payment for Services Rendered

My fee schedule is listed below; however, the actual amount you pay will depend upon such things as your insurance co-payments and deductibles, or sliding scale agreements. You will be responsible for charges as outlined in the Appointments, Cancellations and No-Show Policy below.

Fee Schedule:

Individual Session	\$55.00
Couples Session	\$65.00
Family Session	\$65.00

If you have insurance, the session will be billed for the maximum allowable charge for your insurance. You will be responsible for any associated co-payment. Payment is due at the time of service unless discussed with and agreed upon with your therapist. In the event that a check for services rendered by Sunlight Counseling LLC is returned for insufficient funds, a return check fee of \$25 will be assessed. One attempt at reprocessing the check will be made. If it is returned a second time, you will receive a notice and explanation requesting payment of the check amount plus return check fees. Payment must be received before further services will be rendered.

Appointments, Cancellations and No-Show Policy

Therapy sessions are 45-minutes in length and typically scheduled once per week. However, the frequency of your sessions is negotiable, according to your needs. Therapy duration will be determined by your needs and goals.

If you are unable to come to your scheduled appointment, we ask that you please call at least 24 hours in advance to give the opportunity to schedule other clients in that time slot. Missed appointments for which we received inadequate advance notice as described above may still be billed to the client. After two such instances, the therapist reserves the right to discontinue services.

During inclement weather, if Moberly Public Schools have canceled classes, assume that your appointment will be rescheduled, unless you have heard from your therapist otherwise.

In the event of the illness of your therapist, or an emergency which precludes your therapist from meeting your appointment, you will be notified as soon as possible and your appointment will be rescheduled.

Liability

Due to the nature of therapy with children, neither your therapist nor Sunlight Counseling LLC is responsible for any accidents that the child might incur on the premises of Sunlight Counseling LLC. We will do our best to assure safety for children and adults. However, we will not be responsible for any medical or other bills acquired due to a child or adult being injured on our premises. **By agreeing to this Treatment Contract, you agree not to hold Sunlight Counseling LLC nor any therapist working for Sunlight Counseling LLC responsible in any way for any accident which may happen to you on the premises.** Children will be allowed to use our Play Therapy Room only during scheduled therapy sessions, and only in the presence of their therapist. **Everyone is to remain in the waiting room until your therapist is able to see you.** This is for everyone’s safety and to protect confidentiality.

Complaint Procedure

Initials_____

If you are dissatisfied with any aspect of the counseling process, please inform your therapist so we can determine if our work together can be more efficient and effective, whether a referral would be appropriate or whether we can resolve your complaint in some other manner. If you think that you have been treated unfairly or unethically, and you are not satisfied with our response, you may contact:

Committee for Professional Counselors
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, Missouri 65102-1335

Ph: 573.751.0018
Fax: 5573.751.0735
TTY: 800.735.2966
Voice Relay: 800.735.2466
Email: profcounselor@pr.mo.gov
Web: <http://pr.mo.gov/counselors.asp>

Emergencies

If you have an emergency in your life and are unable to contact your therapist by normal means, please call 911.

I agree to receive therapy at Sunlight Counseling LLC and I acknowledge that I have read, understand and agree to the terms outlined in the **Professional Disclosure and Treatment Contract** of Sunlight Counseling LLC. I also acknowledge that I have received or have been offered a copy of the **Notices of Privacy Practices** of Sunlight Counseling LLC and that I understand the contents thereof.

PRINT CLIENT'S NAME

Signature of client or legal representative

Date