



# Family Dynamics Counseling

## **PROFESSIONAL DISCLOSURE STATEMENT**

Roxanna Oloumi-Johnson, PhD, LPC

### **INTRODUCTION**

Thank you for choosing Family Dynamics Counseling. I, Roxanna Oloumi-Johnson, am a Licensed Professional Counselor. My areas of competence include individual counseling, couples/family counseling and child/adolescent counseling. I believe that every person has the inner strength and ability to resolve their problems. My role, as your counselor, is to guide you through this process of accessing your inner strength and taking control of your life.

### **PROFESSIONAL RELATIONSHIP**

While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. I will not attend your social gatherings, accept gifts from you, nor relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. While you might learn about me as we work together, it is important for you to remember that you are experiencing my professional role.

### **Fees and Payment**

Therapy Fees: Payment by credit card or check is due at the time of your session. A \$35 charge will be due for all returned checks. If you are late for a session, you will be given the remainder of the session and will be charged for a full session. Clients are required to place a credit card on file to cover missed visits or returned check fees.

#### Fees for services are as follows:

Individual Session 1 Hour (53 minute session): \$135

Couples/Family Session (53 minutes): \$175

Psychological Testing: \$350 - \$550

Blue Cross Blue Shield & Cigna: Co-Pay varies by Individual

Cancellations and Missed Appointments: **A 24-hour advance notice is required for cancellations.** If you cancel less than 24 hours before your appointment, or do not show for a scheduled appointment, you will be charged the **FULL FEE** for that session. For clients using Blue Cross Blue Shield or Cigna, there is a \$35 penalty for late cancellations and no shows. Please be aware that insurance does not cover this fee and that you cannot request reimbursement from insurance for this late cancellation/no show fee.

### Psychotherapy & Psychological Testing Using Insurance:

Psychotherapy and Psychological testing may be covered by insurance. An explanation of benefits is not a guarantee of payment by the insurance company. Client is responsible for paying full amount for any claims denied by the insurance company for any reason.

Forensic Rates and Court Appearances: My focus in providing counseling and psychotherapy is on treatment and healing. It is NOT my intention to become involved in cases that require evaluation (either written or otherwise) or my testifying in court. When subpoenaed, I may obtain my own legal counsel. If I am required to appear in court or conference via telephone, **the client or guardian associated with the subpoena/court request will be REQUIRED to pay the following fees: \$200 per hour**, including travel time and all time at the courthouse or waiting to testify. I require a minimum of 4 hours (\$800) plus estimated travel time be paid 48 hours in advance. Because I must cancel all other appointments for these appearances, this payment will NOT be refunded for any reason. If I am requested or required to clear a full day, I will charge for all hours requested.

### **Electronic Correspondence**

Email and texting are popular mediums of communication today and very convenient ways to handle administrative issues like scheduling, but neither are not 100% secure. Some of the potential risks you might encounter if we email or text include:

- Misdelivery of email or text to an incorrectly typed address or phone number.
- Email accounts can be “hacked,” giving a 3rd party access to email content and addresses.
- Email providers (i.e., Email, Comcast, and Yahoo) and phone providers (i.e., AT&T, Verizon) keep a copy of each email or text on their servers, where it might be accessible to employees, etc.

Email Policy: Email is a convenient way to maintain a stream of communication between clients, especially with parents who are not present during their child’s individual session. In my experience, this ongoing communication is very beneficial for the client, guardians, and provider. If you agree to email as a mode of communication regarding scheduling and/or clinical issues, I will email in return. I will also email detailed receipts for insurance, which include clinical information, if requested by the client.

Texting Policy: Texting is acceptable, only to communicate regarding non-clinical issues. These include topics such as scheduling an appointment, changing an appointment, notification of running late to an appointment, receipt requests, and directions to the office. Texts regarding clinical issues, such as a family issue, personal difficulties, etc., are not acceptable. I will not respond to these texts. Please be aware that text message reminders are not encrypted.

**Social Media and the Internet**

So much information about a person can be found online, either through company websites, social media, business reviews, and more. It’s the age we live in, and therefore it’s important we understand boundaries with regards to social media and any other information online.

- Client and therapist will NOT perform online searches on one another for the purpose of gathering *personal* information. This does not pertain to a client researching the professional background of a therapist and other service/practice information.
- Client and therapist will not request or agree to be “friends” on social media sites, including Facebook. Clients may “like” or “follow social media pages that are offered by the therapist as a part of their professional work.
- If a client follows the therapist on a professional social media site, comments should not indicate there is a client-therapist relationship. Any comments made that potentially disclose such a relationship will be removed immediately.

**In Case of Emergency**

Should you find yourself or a loved one in an emergency, please contact 911 immediately. Emergencies include, but may not be limited to, self-harm/suicidal thoughts, threats, and attempts; physical or psychological concerns of medication; fear of harming self or others; inability to keep yourself or family safe around aggressive or out-of-control behaviors or rage.

**CONFIDENTIALITY**

I will keep confidential the things you tell me, with the following exceptions: (a) through written consent you direct me to share information with someone else; (b) if you are a danger to yourself or others (TX Health and Safety Code); (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person (TX Family Code); (e) you disclose that a previous therapist sexually exploited you (LPC Code of Ethics); or, (f) other reasons as specified in laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. I will maintain a written record of our counseling sessions.

Please be aware that confidential information such as your name, birthday, date of session and diagnostic criteria will be disclosed to insurance for reimbursement purposes for clients that are using insurance.

I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Roxanna Oloumi-Johnson, PhD, LPC.

\_\_\_\_\_  
Roxanna Oloumi-Johnson, PhD, LPC

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date