



**BEHAVIORAL HEALTH SERVICES**

**Mary K Wright, LISW-S**  
DISCLOSURE FORM

I am pleased that you have selected me to be your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

My practice includes counseling children, adolescents and adults including the diagnosis and treatment of mental and emotional disorders. I hold a Bachelors in Social Work from Capital University and a Masters in Social Work from The Ohio State University. I also am a licensed Independent Social Worker with supervisory status (LISW-S) for the state of Ohio, license number I.0009736 that expires on March 21, 2016. My specialties include working with individuals who are GBLTQ, deaf & hard of hearing, or dually diagnosed. I am fluent in American Sign Language.

I accept clients into my practice who I believe have the capacity to resolve their issues with my assistance. Some clients only need a few sessions to make the changes they desire and others may require longer-term therapy, which could last months and in some cases years. You have the right to end treatment at any time; however, it is recommended that we discuss this decision to make sure you have considered all the options and potential results of ending treatment. If counseling is successful, you should feel better able to face life's challenges without my continued support and intervention.

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Thank you for not inviting me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

I will keep **confidential** anything you say, with the following exceptions: **1) if I determine you are in danger to yourself or others, 2) on the rare occasion that a court subpoenas records, 3) child, elder, or dependent person abuse is discovered, and 4) when you request in writing that we communicate information to someone else.** If during the course of treatment you have any questions about the goals, procedures, or nature of your treatment, or about office procedures or fees, please feel free to ask. If you desire, you have the right to contact the State of Ohio Counselor, Social Worker, Marriage and Family Therapist Board at 614-466-0912.

My fees for services include: **Diagnostic Assessment - \$125.00** per 75 minute session, **Individual Counseling - \$75.00** per 50 minute session, **Group Counseling - \$35** per 90 minute session, **E-Therapy - \$75.00** per 50 minute session. The fee for each session will be due at the time of service either by cash, credit cards, debit cards, or personal checks are acceptable for payment. There is a \$30.00 charge for any returned checks. If you have insurance coverage, it is your responsibility to provide the counseling practice with the necessary insurance information. You will be responsible for any fees not covered by your insurance as it relates to deductible, co-pays and lapse in coverage. Your insurance company will require diagnosis information from me pertaining to your situation. I will inform you of all diagnosis information before rendering it to the insurance company since all diagnosis information becomes part of your permanent insurance record. Please inform us with a 24- hour notice if you can't make your scheduled appointment. All clients will be charged a **\$50.00 cancellation fee** for missed or cancelled appointments. The fee must be paid prior to the beginning of the next schedule. **Termination Policy:** I have the right to terminate your services if you have failed to attend two sessions without adhering to the 24-hour notice of cancellations, if you have failed to pay your cancellation/session fees to date, or if you simply have failed to keep your appointment.

If at any time in the future, if I am subpoenaed to court, to testify on your behalf or in your defense, I will only do or communicate what is legally required of me to do, or what you give me written consent (ROI) to disclose. However, it is important for you to know that you will be financially responsible for paying for my time to prepare or conduct what you or the courts are asking of me. I will bill you at my regular fee per hour. Please keep this in mind when considering involving me in legal matters.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you. If you have any questions, please feel free to ask.

This information is required by the State of Ohio Counselor, Social Worker, Marriage and Family Therapist Board which regulates all licensed counselors 50 W. Broad St., Ste. 1075, Columbus, OH 43215-5919\* 614-466-0912

Thank you,  
Mary K. Wright, LISW-S