



Please carefully read the following information.

If you have questions regarding the content, please ask them before signing the document.

PROFESSIONAL DISCLOSURE STATEMENT

Contact.

864.881.2011
jennie@frcounseling.net
www.jenniemurphytherapy.com

Location.

110-B Hospital Drive
Simpsonville, SC 29681
Sign says "Family Restoration Counseling"

Services.

Therapy offers families, couples, and individuals an opportunity to experience growth and change within the context of a warm and nurturing environment. In order to help you reach your goals, I hope to develop a relationship with you in which you feel secure, respected, and valued. Then we will develop treatment goals that are catered to you and your unique situation. My therapeutic approach is grounded in systems theory and incorporates evidence-based practices. I integrate the following approaches into my practice: cognitive-behavioral therapy, structural family therapy, emotionally-focused therapy, the transgenerational family therapies, and the social-constructionist approaches. I am dedicated to my work of helping you accomplish your goals, develop healthier relationships, and improve your emotional health and well-being. I practice under the supervision of Licensed Marriage and Family Therapist Supervisor, Lynn Ford, MMFT, LMFT/S (#4578). Note: I do not have the ability to prescribe medications. If you are in need of a medication evaluation, I will refer you to your general practitioner or a psychiatrist.

Personal Qualifications.

- Licensed Marriage and Family Therapist Intern, South Carolina, 2014 to Present, License Number 6012
- Pre-Clinical Fellow, American Association for Marriage and Family Therapists
- Member, South Carolina Association for Marriage and Family Therapists

Education.

- M.S. in Human Development and Family Studies, with a specialization in Marriage and Family Therapy, 2013, Purdue University Calumet, Hammond, IN
- B.S. in Family and Consumer Sciences, 2010, University of Georgia, Athens, GA

Areas of Interest and Specialization.

- Family therapy
- Couples therapy
- Anxiety
- Family caregiving
- Adolescent issues
- Parenting of teenagers
- Women's issues
- Loss and grief
- Life transitions
- Spirituality and religiosity

Relationship Between Therapist and Client. The therapist-client relationship is unique, and expectations of that relationship should be addressed to ensure that client goals and treatment remain the focus of therapy. Once we have met together many times, it is easy to feel like friends; however, we must maintain a professional relationship, rather than a social one. I will not be able to attend any church events, parties, school events, concerts, or the like with clients and their families. I will not enter into business ventures with my clients. I will not develop a romantic relationship with my clients, and sexual relationships are prohibited.



INFORMED CONSENT TO TREAT

Your Rights as a Client.

- You have the right to confidentiality as discussed below.
- You have the right to receive ethical treatment based on the Codes of Ethics for specific organizations listed below.
- You have the right to give input and make decisions about your goals and your treatment options.
- You have the right to ask questions at any time.
- You have the right to review your case file and request records.
- You have the right to terminate treatment at any time.

Risks of Treatment.

There are some risks to treatment that you should be aware.

- You may experience some emotional discomfort that can be necessary to bring about healing, change, and growth. It can be challenging to discuss unpleasant events, thoughts, and feelings. You may experience anger, fear, sadness, worry, and the like.
- Your assumptions and perceptions may be challenged if they are negatively contributing to your problem.
- You may decide to make changes in your life that your friends and family members do not support.
- You may see changes in your life that were not originally intended. For example, therapy might help an individual client to gain self-confidence; that self-confidence could change the way that client interacts with his/her spouse, causing an increase in marital conflict.
- Change can be fast, but it can also be frustratingly slow. Unfortunately, there is no guarantee that therapy will produce positive and desired results.

Confidentiality. The information you share in therapy is protected health information under HIPAA and is normally confidential, except under certain circumstances. There are some exceptions to confidentiality set by state and federal law, my professional code of ethics, and specific court orders. A detailed list is provided below.

Limits of Confidentiality:

- I must disclose if I have reason to suspect child abuse/neglect or elder abuse/ neglect.
- I must disclose if there is clear and present danger to you or someone else, such as threat of suicide or homicide.
- I must disclose if I believe your mental or emotional condition makes you unable to take care of yourself, or for those whom you are responsible.
- I must disclose if you are in need of hospitalization.
- I must disclose if a judge orders the information.
- I may disclose information in order to defend myself against legal action or LLR actions arising from therapy.
- I may share specific information if I have a signed release.
- I may disclose information necessary to the billing process.

Ethics. I provide ethically sound treatment by following the *Code of Ethics* of the following organizations:

- The American Association for Marriage and Family Therapy
- The American Psychological Association
- The South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists

Emergencies. My office is not an emergency facility, and I do not provide emergency services. If you have an emergency, you should go to your nearest emergency room, call 911, or call the Mental Health Crisis Line (below).

Please utilize the following emergency services and resources, if needed:

Emergency Services	911
The Carolina Center for Behavioral Health	864.235.2335
Marshall I. Pickens Hospital (GHS)	864.455.8988
The Mental Health Crisis Line	864.271.8888
The Safe Harbor Crisis Line	1.800.291.2139



POLICIES AND PROCEDURES

Fees for Services. Insurance is not accepted at this time. Cash, check, and most major credit cards are accepted. Clients are expected to pay when services are rendered. Clients may carry a balance for up to two sessions, but the balance must be paid in full before scheduling the third session. If clients are unable to continue paying for services, they will be given referrals where they may receive low-cost services.

Individual, couple, and family therapy fees:

- \$125 per initial assessment session (90 min)
- \$80 per individual/family therapy session (50-60 min)
- \$100 per couples therapy session (60-75 min)

Group therapy fees:

Multiple pricing packages are available for group membership. Clients must complete an initial assessment before entering a group.

No show/Late cancellation fee:

- Clients who miss a scheduled appointment without giving notice of at least 24 hours will be charged a \$35 fee.
- **The No Show/Late Cancellation fees do not apply to group therapy sessions.*

File requests:

- \$1 per minute for file copying and/or summary writing.

Subpoena and court appearance fees:

- \$200 per hour of time spent on anything necessary for subpoena and/or court appearance. This includes documentation and travel time. The client is responsible for payment of time spent, no matter who issued the subpoena.

I generally cannot give my opinion in court unless I am sworn in as an expert, including for custody/guardianship cases. I may give factual information only; for example, session dates and times, diagnoses, and direct quotes from my progress notes.

Appointments and Office Hours.

- Clients are seen by in-office appointment only.
- Appointments are usually scheduled either weekly or biweekly, depending on the client's needs and/or preferences.
- If a client is more than 15 minutes late, the session will not take place, and the client will owe the \$35 fee for the missed appointment.

Contacting the Therapist.

in-office appointments should be made to discuss any treatment concerns, new issues, or sensitive information. No other form of communication is appropriate for treatment. Contacting me should be reserved for scheduling, rescheduling, or cancelling appointments.

- Phone calls: The best way to reach me is by calling 864.881.2011. Please do not hesitate to leave a voicemail. Voicemails will be returned within the next business day, unless otherwise noted.
- Texting: To better ensure your confidentiality, I have chosen not to use texting with my clients. However, if you choose to opt-in to this service, you may receive texts from an automated system to remind you of upcoming appointments. Note that you will be unable to reply to these automated texts.
- Email: Email is not necessarily secure, and should be used for scheduling appointments only. If you choose to email, I cannot guarantee that your information is protected.



AGREEMENT

My signature below indicates that I have read, understood, and accepted all three pages of Jennie Murphy, MS, LMFTI's **Professional Disclosure Statement, Informed Consent for Treatment, and Policies and Procedures**. I acknowledge that I consent for treatment with Jennie Murphy, MS, LMFTI at Jennie Murphy Family Therapy, LLC.

_____ Client Signature	_____ Printed Name	_____ Date
_____ Client Signature	_____ Printed Name	_____ Date
_____ Client Signature	_____ Printed Name	_____ Date
_____ Therapist Signature	_____ Printed Name	_____ Date

RELEASE FOR CONSULTATION AND SUPERVISION

Jennie Murphy, MS, LMFTI will occasionally receive professional consultation about your case from other therapists and Licensed Marriage and Family Therapist Supervisor, Lynn Ford, MMFT, LMFT/S.

Please initial the following statements below and sign to release your information for consultation and supervision.

_____ I understand that my therapist is under the direct supervision of Lynn Ford, MMFT, LMFT/S. I understand that my therapist will be seen in both individual and group supervision. I understand that supervisors are under the same confidentiality guidelines as the therapist. I understand that this is required by law, and if I do not agree to this, I will have to seek therapy elsewhere.

_____ I understand that my therapist will receive professional case consultation from the following therapists:

- | | |
|--------------------------------|---------------------------------|
| • Amanda Bell, MEd, LPC | • Rebecca Hosey, MS, LPC |
| • Laura Long, MS, LMFT | • Christin Campana, MA, LPC |
| • Michael Baker, MEd, LPC, CAC | • Courtney Howard, LISW-CP |
| • Michelle LeBlanc, MEd, LPC | • Mark Goldsmith, MA, MDiv, LPC |

I release my information for the purposes of supervision and case consultation with the exception of _____ because _____

_____ Client Signature	_____ Printed Name	_____ Date
_____ Client Signature	_____ Printed Name	_____ Date
_____ Client Signature	_____ Printed Name	_____ Date
_____ Therapist Signature	_____ Printed Name	_____ Date