



Professional Disclosure Statement

Education:

MS 2000 Northern Illinois University

BS 1998 James Madison University

Licenses:

LMFT 2003 Virginia # 0717001055

LMFT 2006 District of Columbia #LMFT000006

LCMFT 2016 Maryland #LCM622

Specialization: I am a Licensed Marriage and Family Therapist (in MD the term is Licensed Clinical Marriage and Family Therapist). I hold a Maternal Mental Health Training Certificate from Post-partum Support International, Training in Perinatal Mood Disorders, and am a Certified Bringing Baby Home Educator. I continually participate in continuing education as required to maintain my license and to stay abreast of the latest information in the field to best serve my clients. I currently provided therapy and support to mothers, mothers-to-be and their families as needed.

Fee Schedule:

My standard fee is \$145 per 50 minute therapy session or \$215 per 90 minute therapy session. An additional fee of \$25 will be added for travel outside a 10 mile radius of Kensington, Maryland. Payment is made at the start of each session by cash, check or credit card. **A cancellation fee of \$75 will be applied for missed appointments or appointments that are not cancelled within 24 hours prior to the scheduled session.**

Client Rights and Important Information:

1. You are entitled to receive information from me about therapy methods, techniques and the duration of your therapy (if I can make this determination), and my fee structure. Please ask if you would like to receive this information.
2. You are entitled to seek a second opinion from another mental health professional and/or terminate therapy at any time. Please inform me of your decision to terminate therapy. I can provide you with referrals.
3. Sexual intimacy/contact and/or personal relationships between the therapist and a client are unethical and prohibited. If sexual intimacy or contact occurs, it should be reported to the Maryland State Department of Health and Mental Hygiene- Board of Professional Counselors and Therapists.

4. Generally, the information provided by and to the client during the therapy session is legally confidential. The therapist is bound to keep this information confidential within the scope of the practicing agency and cannot release information without the client's written consent. Limits of confidentiality include suspected child, dependent adult, or elder abuse, client's threats to harm or kill self or threats to harm or kill others. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as required by law. As your therapist, I will make every effort to inform you of exceptions as they arise in the course of therapy.
5. If you have any questions, please feel free to ask.

(This information is required by The Maryland State Board of Professional Counselors and Therapists which is responsible for regulating the practice of Licensed Professional Counselors, Marriage and Family Therapists, Alcohol and Drug Counselors and unlicensed individuals who practice psychotherapy. Their contact information: Board of Professional Counselors and Therapists, 4201 Patterson Avenue, Baltimore, MD 21215, (410)-764-4732.)

I have read the preceding information and understand my rights.

Name

Date

Name

Date