

Rosario Counseling & Associates

Robin K. Rosario, M.A., L.P.C.S.

809 Spring Forest Road, Suite 1000
Raleigh, North Carolina 27609
(919) 649-5882

Psychological Testing
Adult, Adolescent and
Child Counseling

Professional Disclosure Statement

I am pleased that you are considering the counseling services that I provide. Counseling is a personal interaction that deems thoughtful consideration. The following information is designed to provide pertinent details to ensure that you know what to expect from counseling and our therapeutic relationship.

I earned a Master of Counseling Education/Counseling Psychology degree (M.A.) from Western Michigan University in 1990. While in Michigan I received the status of Licensed Professional Counselor - 6401001052. Since 1990, I have been working as a trained professional counselor. I am licensed by the North Carolina Board of Licensed Professional Counselors, License # 4249.

Individual, Couple and Family Counseling are part of the services that I offer as well as Psychological Testing.

Theoretical Counseling Approach

Client initials _____

As a trained mental health professional I have worked in both outpatient and inpatient care. I seek to provide quality counseling in the context of Biblical truth. I believe problems have psychological, emotional, biological and spiritual dimensions. In holding to biblical truth I utilize cognitive-behavioral, rational emotive, and reality therapy approaches. These are well established, researched, and respected therapies.

Counseling is an opportunity to sort our problems, generate solutions as well as change unhealthy thoughts, feelings and behaviors. We will need to specify goals and set an orderly approach to reaching those goals. While goals vary in kind and value, the process of achieving them is part of the work we do in counseling. We will evaluate your progress and, if necessary, redesign your treatment plan, goals and methods.

In order to gain maximum benefits from therapy your active involvement in and out of therapy sessions is essential. I may ask you to complete assignments, exercises or journals. Progress is largely dependent on your willingness, motivation and ability to make personal changes. Occasionally rapid changes occur, but more often progress is a gradual process.

I am a professionally trained to work with clients ranging from those struggling with daily life problems to those suffering a crisis in need of intervention.

Confidentiality

Client initials _____

Information given to me and my records from our sessions will be held in strict confidence. State law and my profession's ethical principles protect this confidentiality with few exceptions. The circumstances which I cannot guarantee confidentiality, legally and/or ethically are as follows: intent to commit homicide or suicide, suspicion or signs of child/elder person abuse and intent to break the law. In rare instances, a judge can order Professional Counselors to release information. Otherwise, client information will only be released with your consent and usually a signed "Consent Form for Release of Client information."

Dual Relationships

Client initials _____

Therapy sessions may be deeply personal psychologically and emotionally however keep in mind that we have a professional relationship rather than a social one. You will be best served if our relationship stays professional and if our sessions concentrate strictly on your concerns. You will learn a great deal about me as we work together in my professional role.

Scheduling Appointments/Cancellations and Length of Sessions *Client initials* _____

Counseling appointments are scheduled in advanced. I will make every effort to see you as soon as possible. The length of a counseling session is 45 minutes. When calling to cancel or reschedule please advise the office at least 24 hours in advance. I maintain a 24 hour, 7 day a week voice mail thus messages will suffice if you leave the time and date of your cancellation. If the office does not receive advance notice, you may be responsible for paying for the missed appointment.

Fees and Methods of Payment *Client initials* _____

I provide counseling services for a fee of \$90.00 per session. If telephone counseling is necessary the fee for 5 to 30 minutes is \$50.00, 31 to 50 minutes is \$90.00. In proven financial hardship, I can arrange for a fee adjustment. When appropriate I may suggest psychological evaluation instruments. I post these fees in my office. Credit/debit/benefit cards, cash, or personal checks are acceptable payment at check-in of each session. The office will provide receipt for fees paid upon request.

Billing and Insurance Reimbursement *Client initials* _____

Feel free to seek reimbursement for my services from your insurance company or employee assistance program. Your insurance company may or may not defray the cost of counseling. You can contact a plan representative at your company to determine whether your company will reimburse you and the schedule of reimbursement used. Clients pay the full amount at the beginning of each session. Reimbursement from the insurance company is mailed directly to you. If this is a problem please inform me at our initial session. My office will bill your insurance company monthly. Please remember that you are responsible and not your company, attorney, or adjunct service provider for paying the fees agreed upon.

Insurance companies and employee assistance programs often require that I diagnose your mental health condition and indicate that you have an "illness" before they will agree to reimburse you. I will inform you of this diagnosis. Any diagnosis made becomes a part of your insurance record.

Complaint Procedures *Client initials* _____

If you are dissatisfied with any aspect of our work, please inform me immediately. This communication will make our work together more efficient and effective. If you think that you have been treated unfairly/unethically, and cannot resolve this problem with me, you can contact the North Carolina Board of Licensed Professional Counselors, P O Box 1369 Garner, NC 27529.

Client/Counselor Agreement

Please sign and date this form, indicating you understand and accept the content herein. After I copy it, for my records, I will return it to you. If you have any questions or concerns regarding the professional disclosure statement please ask prior to signing this document.

Clients Signature

Date

Therapist Signature

Date