

Rosario Counseling & Associates

Beth A. Boldt, M.S.W, L.C.S.W

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

Adults, Children,
Adolescents and
Group Therapy

Professional Disclosure Statement

I am pleased that you have chosen me to be your therapist. The purpose of this document is to provide pertinent information about my education, training, and practice.

I am a Licensed Clinical Social Worker (#C006355) and hold a Master of Social Work from UNC-Chapel Hill. My Bachelor's degree is in Psychology from Youngstown State University. In addition, I am a member of the National Association of Social Workers. I have been practicing in the field of social work since 1993. Throughout that time I have worked in various settings, such as: Residential facilities, long-term care facilities, community mental health centers, non-profit family agencies and a medical hospital emergency department. My focus has always been, and continues to be, helping individuals and families improve their functioning so that they can grow to their full potential and experience a full and abundant life.

Therapeutic Services Offered

I provide individual and family psychotherapy to all age groups. I use an eclectic approach, at times drawing upon developmental theories, utilizing techniques based in cognitive-behavioral methods, such as Rational Emotive Behavior Therapy and Reality Therapy. I strive to make efficient use of our time together, striving to establish a trusting relationship and respectfully listening to you and your concerns.

The Counseling Relationship

Counseling provides a safe environment for you to honestly examine your concerns or struggles, within the context of Biblical truth and sound psychological principles. Recognizing that each person is on a unique journey, I strive to meet clients where they are. You will benefit from active participation in the therapeutic process, as I may assign tasks such as, journal-keeping, or other recording of thoughts and behaviors. Together, we will set goals that will improve emotional, physical and spiritual well-being.

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 Clinical Social Workers 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.

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, we can discuss a scholarship. 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 our work, please inform me immediately. This communication will make our work together more efficient and effective. If you think that you cannot resolve this problem with me, you can contact the North Carolina Social Work Certification and Licensure Board, P.O. Box 1043, Asheboro, North Carolina, 27204.

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 statements please ask prior to signing this document.

Client's Signature

Date

Therapist's Signature

Date