

## **PROFESSIONAL DISCLOSURE and INFORMED CONSENT**

Welcome! I am pleased that you have decided to embark on this brave journey toward growth and healing. I'm honored to walk alongside you. It's important that you know how we will work together. This document will provide answers to some commonly asked questions about the therapeutic process.

I have 30+ years' experience working with all sorts of different people in all sorts of different walks of life. I love the variety. If I had to pick an ideal client, I tend to work well with head first, heart second (but not less) sort of people. My background roots are in philosophy and my love is the human experience - all of it. My clients come to me for a slew of reasons, but the overall gist of it is they want to enjoy life. That typically means creating a better life, or living the life they have already, but better, or a combination of the two. I would like to come along for a while to support that process.

I am largely trained in the Cognitive Behavioral Therapy modalities including evidence-based CBT/DBT, Logic-Based Therapy (LBT), Emotional/Rational Therapy (ERT), Acceptance and Commitment Therapy (ACT), Solution-Focused (SF), Systems (FS), AND LEARNING Eye-Movement Desensitization and Reprocessing (EMDR). My approach is eclectic. I am happily a bit of a nerd and love learning new modalities.

Living life can be hard. It might be hard to live in your head with anxiety or depression, hard to live in your body with chronic illness or sensory issues, hard to live in your world with relationships or trauma. I'd like to find out if I can help. Give me a call, shoot me a text, or send me an email and we can see if we are a good fit for each other.

### **My Approach**

Talking through your circumstances, mindset, emotions, and relationships can bring powerful, positive change. The core values of my practice are *Humor, Directness/Bluntness, Love, Kindness, Compassion.*

My approach to counseling is authentic and empathetic, with a focus on bringing clarity, hope, and increased perspective to the client. I believe we are all trying to understand ourselves better, feel comfortable in our own skin, and find connection and understanding in our relationships and the world around us. I've worked with clients dealing with a variety of issues - Anxiety, Depression, Grief, Transitions, Stress/Mental Load, OCD, and Relationship Conflicts - but I'm especially passionate about my work with clients who have experienced trauma/PTSD, including:

- *Veterans and military personnel*
- *First responders and those in helping professions (therapists, doctors, lawyers, teachers, etc.)*
- *Those who've experienced struggles in relationships and ongoing couples.*
- *Those who have struggled with personality disorders or in relationships with those with personality disordered behavior*
- *Those that have struggled with addictions (any and all)*

In my spare time, I enjoy spending time with my family and being there for my friends in any way that is fit for any circumstance. I also absolutely love being outdoors when warm (50 and above), either on the water, or in the woods. Nature brings me an incredible amount of peace and centeredness. I also really enjoy geeking out on learning new concepts and doing research. I feel like a lifelong student, minus the going on to get my Ph.D. part!

**Education: MSW – Master's of Social Work**, Virginia Commonwealth University

**Clinical Supervisor** for Social Work licensure.

**LICENSES AND CERTIFICATIONS:**

- Licensed Clinical Social Worker, Virginia (2000, Active)
- Licensed Clinical Social Worker, Kentucky (2023, Active)
- Licensed Independent Clinical Social Worker, Rhode Island (2023, Active)
- Licensed Independent Clinical Social Worker, Washington DC (2024, Active)
- Licensed Clinical Social Worker, Oregon (2024, Active)
- Licensed Masters Social Worker-Clinical, Michigan (2024, Active)

**CERTIFICATIONS:**

- C-PD-Certified Personality Disorder Specialist (2024, Active to 12/25)
  - CSTS- Certified Shame-Informed Treatment Specialist (2024, Active to 12/25)
  - NATC - Certified Narcissistic Abuse Trauma Professional (2024, Active to 12/25)
  - CCFP – Certified Compassion Fatigue Professional (2024, Active to 12/25)
  - CCATP – Certified Clinical Anxiety Treatment Professional (2024, Active to 12/25)
  - CMDP – Certified Mood Disorder Professional (2024, Active to 12/25)
  - CTMH - Certified Telehealth Mental Health Professional (2024, Active 11/12/25)
  - CCTP – Certified Clinical Trauma Professional (2024, Active to 11/25)
  - AR-PT – Certified Anti-Racist Mental Health Practitioner (2024, Active)
  - NPT-C - Certified Neuropsychotherapy Practitioner (2024, Active)
  - ANX-PT – Certified Anxiety and OCD Diagnosis and Treatment Practitioner (2024, Active)
  - CMIP: Certified Mindfulness Informed Professional (2025, Active)
  - PTSD-PT – Certified PTSD Diagnosis and Treatment Practitioner (2024, Active)
  - CCT-PT – Certified in Clinical Trauma Treatment Practitioner, Level 1 (2024, Active)
  - NCRIM-PT – Certified Clinical Neurocriminology Practitioner (2024, Active)
  - ADHD-PT – Certified ADHD Assessment and Treatment Practitioner (2024, Active)
- WORKING TOWARDS COMPLETION:**
- Independent Licensed Clinical Social Worker Licenses in other states.
  - Certified DBT Practitioner (Currently in process)
  - Certified Assessment and Diagnosis Clinician (Currently in process)

- Certified EMDR (Beginning/Advanced) Provider (Currently in process)
- Certified Trauma Treatment Professional, Level 2/3 (Currently in process)
- Certified Sexual Treatment Professional (Currently in process)
- First Responders/Health Treatment Professional (Currently in process)
- Recertification for Supervision of Licensure candidates (Currently in process)
- Certified Junior Sexpert Master (Currently in process)

**Benefits and Risks of Counseling:** Counseling can assist those who are hurting, feeling angry, experiencing depression and/or debilitating anxiety. Counseling provides adults the opportunity to talk things out fully in safe environment. One of the most significant benefits to counseling is learning how to maintain a sense of balance and develop lasting skills for coping with life's inevitable challenges. While in counseling, difficult emotions may arise. Unpleasant memories may be uncovered. Individuals may at times feel sadness, guilt, anxiety, frustration, or other negative feelings as a part of the process of sharing their story and finding healing. It is not uncommon (especially for trauma survivors) for symptoms to worsen before improving. Some of these risks are to be expected anytime people make important changes for the better. Overall, the benefits greatly outweigh the risks. My clients often grow in their personal relationships, work, schooling, spirituality, and self- understanding. While there is hope for improvement, there is no guarantee. When the client and the therapist are both committed to the process of counseling with understanding that therapy is not a quick fix, transformational results can occur.

**Confidentiality:** The most unique aspect of the therapeutic relationship is confidentiality. I treat what you tell me with great care. My professional ethics prevent me from telling anyone else what you tell me unless you give me written permission. *There are times when the law requires me to share specific things:* • If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat and attempting to protect you and/or others. • If I have reason to believe a child or any elderly adult has been or will be abused or neglected, I am legally required to report this to the proper authorities. • If you are or will be involved in court proceedings and my records are ordered by a judge. \* In any of these situations, I would reveal only what is necessary to protect you or the other person. I would not share everything that you have told me.

**Consultation with other therapists:** Occasionally I seek professional supervision or consultation with another licensed therapist. I share information about my cases and clients for the purpose of gaining further perspective and ideas for how to best serve my clients without revealing names or identity. There may be an occasion where I share office space, record storage, fax machine and voicemail system. Peers and fellow therapists are bound by confidentiality so that any information shared does not leave the room in which it is shared, and full names are not revealed.

**Confidentiality Concerning Insurance:** If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. To continue treatment, insurance companies often require a detailed treatment plan and a diagnosis. It is against the law for insurers to release information about our office visits. Although I believe that the insurance company will act legally, insurance companies do not always observe the same strict confidentiality policies that I do, nor can I control who views the information in the insurers' office.

**Use of Technology:** Please note that I do not check email on a daily basis. I use email for business-related or logistical communication and not as a means of therapy because it is not a secure form of communication and offers little protection of confidentiality. Also, text messaging is not a preferred form of communication. I will only

respond to text for scheduling purposes or if we have made a previous and specific reason to do so. Please see the section on **Telemental Health Counseling** for greater details.

**Cell phones, cordless phones, faxes, email, and computers** can compromise confidentiality. By understanding the inherent risks, you can make an informed decision. These risks include but are not limited to the following:

- Possibility of tech failure resulting messages not being received.
- Use of email/text may result in various servers creating permanent records of these transactions.
- What is said online may be viewed or intercepted by others.
- Our email/text communication is not encrypted. However, even encrypted email messages can be decoded by motivated hackers.

**Working with Children and Families** (I do not work with anyone younger than 17): In working with children, legally the parent(s) or legal guardian(s) of child clients are the client, and confidentiality lies with the client. However, ethically and to establish and preserve the essential relationship for a child's therapy, I honor what the child says in our sessions as confidential. However, I do provide parents and/or legal guardians' summaries of treatment goals, plan and progress as well as recommendations.

If you are an older adolescent client, phone or in-person consultations with your parent/guardian may be necessary at times, and it is my policy to receive consent from you prior to engaging in consultations. These conversations will provide an opportunity for your parent/guardian and me to discuss treatment progress, to answer questions, and to address any concerns. I will always inform you regarding conversations with parents/guardians, and these discussions do NOT entail my sharing of detailed information from your individual sessions. Your parent/guardian may share detailed information with me about what is happening at school, in any legal procedures, or among the family at home.

In working with couples and families, the couple as an entity and the family as an entity is my client and I am not providing individual therapy for any one member of the family although sessions with individuals in the couple/family may be a part of the couples/family therapy. I will not be a "secret keeper" nor will I facilitate secret keeping. If anything, significant is revealed in an individual session that I feel the other party needs to know, I will request it be addressed in an upcoming session together so we can work through it therapeutically. In the case a party refuses to do so, I may have to terminate the therapeutic relationship and refer you to another counselor.

**Divorce and Custody Cases: \*\*I am not a custody evaluator and cannot make any recommendations on custody. My professional ethics prevent me from doing both therapy and custody evaluations. I can refer you to other professionals who provide custody evaluation if needed.**

**\*\* Due to the sensitive nature of divorce and all potential issues that may arise in such cases, I have very specific policies to which I ask that you agree before we enter a counseling relationship:**

1. If I am seeing a child whose parents are in the process of divorce or who are already divorced, I require a copy of the standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session. I will need to have contact with the parent who has legal custodial decision making for medical issues before I see the child for counseling and will need to obtain written consent for the child to participate in counseling from the legal custodian(s) and prefer to have contact with both parents prior to seeing the child.

2. I will be available to provide an interview with a guardian ad litem (GAL) assigned to investigate the best interest of any child I am counseling upon production of court order demonstrating the GAL's right to examine your clinical record or speak with me. Otherwise, the adult client or parents of child client will need to sign a release for me to speak with the GAL. The client will be charged a full session fee for this meeting.

3. I will provide an identical summary of a child's therapy progress, treatment plan information and parent recommendations to both parents who share in the legal custody of the child I am seeing for counseling.

4. Family sessions will likely be recommended and depending on the case, I may ask to see the child with each parent separately along with siblings and/or other significant family members who live in the homes where the child lives.

***I ask all my clients to waive right to subpoena me to court.*** This policy is set in order that I can preserve the integrity of my relationship with you and/or your child(ren). It is my experience that my appearance in court often damages my therapist-client relationship and it is my ethical duty to make every reasonable effort to promote the welfare, autonomy and best interests of my clients. **By signing this agreement, you are waiving the right to have me subpoenaed and agreeing in fact not to have me or my records subpoenaed.** I will be happy to provide a referral to another therapist who will be willing to appear in court if needed as an alternative if you would prefer.

In the case I am subpoenaed to appear in court even with this waiver – whether I testify or not – I charge my full standard fee for Court Related work of \$175/hour of my professional time. Any of my time dedicated to any court-mandated appearance including preparing documentation, discussions with lawyers and/or the guardian ad litem in connection with the court appearance and any time spent waiting at the courthouse in addition to time on the stand as well as any travel time will be billed at \$175 per hour.

**Scheduling and Cancellations:** Please try not to miss sessions if you can possibly help it. When you must cancel, I require 24 hours' notice of cancellation via telephone or email. I rarely am able to fill a cancelled session unless I know 24 hours in advance. If a client does not arrive for a scheduled appointment or cancels within 24 hours, there will be a charge billed for the full fee session. On the occasion that there is an absolute, unavoidable emergency I will waive the charge. If you have a fever, are vomiting, has incessant coughing, a profusely runny nose, please call me as soon as you notice these indications. If sudden onset, call me as soon as possible and request a waiver of the 24-hr. notice policy. Therapy Session Times: • First-time Intake sessions are usually 40-60 minutes. • All other sessions are 45-50 minutes. Sessions will start and end on time (bearing 5 minutes between). If you arrive late (after 5 minutes), the session will still end at the scheduled time because it is likely that I will have another appointment after yours.

**Fees, Payments, and Insurance:** My fees are \$ 200 for the initial evaluation 60-minute session and \$175.00 per 45-50 min subsequent sessions for an individual session and \$200.00 for 60 min. for a couple/family session. Payment for services is an important aspect of any professional relationship. You are responsible for seeing that my services are paid in full. This prevents you from having a past-due balance and keeps our therapeutic relationship free of undue financial tension. Payment for services is expected at the beginning of each session so that business can be out of the way.

- **Preparation** of Summaries of Treatment or Letters at request of client: \$75 per item requested.
- **Court Related and/or Specialist Work for Collaborative Law Cases:** \$175/hour of any and all time spent on the case.

My fees may increase each year due to inflation and cost of living increases. If it becomes necessary to adjust my fees, I will always discuss it with you in advance. You may use Visa, American Express, MasterCard, or Discover. FSA or HAS cards or prepay for your appointment. If using a credit card, an additional fee of \$3.00 per transaction will be charged. There is a \$25 fee for any declined pull for services. That \$25 fee is due at the time of your next session, along with the payment for that session. Should your account become 60 days past due and arrangements for payment have not been agreed upon, I have the right to use legal means (collection agency or court system) to

secure payment. In this event, I respect client's confidentiality and only release a client's name, dates and nature of services provided and the dollar amount due.

**Filing On Your Insurance:** Because I am a Licensed Professional Counselor, many insurance plans will reimburse you for part or all of the services I offer. Please call your benefits office to find out this information. If I am not on the panel for your insurance company, I will be happy to provide a superbill for you to file with your insurance company for out of network reimbursement. If I am on your insurance panel, I will need ask that you sign a separate form providing permission to file your insurance claim.

Please keep in mind the following: 1. I have no role in deciding what your insurance covers. Your employer decides that. Please check your coverage, deductibles, payment rates, co-payments, and sessions allowed for the year. 2. To seek payment from your insurance company, you must first obtain a claim from your employer's benefits office or call your insurance company. Complete the claim form. Then attach my statement to the claim form and mail it your insurance company. My statement already provides the information asked for on the claim.

**EMERGENCY AND CRISIS SITUATIONS:** I am unable to provide emergency services. As a private practitioner, I am not on call or available 24 hours a day. Often, I am with clients or away from my phone. You may call me during business hours on my office number 70.862.5679 and leave a confidential voicemail including your phone number. I will make every attempt to call you back when I have finished my session or as soon as I can the next day. If a situation should arise in which you believe that immediate help is needed and I am not available, it is advisable that you contact your primary care physician or any hospital emergency room, or 911. If you do not hear back from me and need immediate assistance, please take or have self-transported to your closest ER for help at the time. **If you have a life-threatening emergency, you should call 911 or go to the hospital of your choice.** Please contact me after you have already obtained emergency assistance from 911 or your choice of medical support.

If you routinely need a higher level of services than I am able to provide as a private practitioner, please let me know as I can offer a referral to a more appropriate agency/therapist.

**Grievance Procedures:** Just like in any relationship, problems could arise in ours. If you are not satisfied with any area of our work, I invite you to first communicate your concerns to me directly so that I will be informed and have an opportunity to respond and resolve any potential issues. If you feel that I, or any other counselor, have treated you unfairly or violated their professional ethics, please tell me. You also have a right to file a formal complaint with the state licensing board and may do so by contacting the Virginia Board of Social Work or another state board.

**ON A PERSONAL NOTE:** It takes great courage to begin the process of counseling. The idea of counseling may already be very intimidating, and then you're slammed with pages of very detailed information 😊. At this point, you may be feeling a bit overwhelmed. For this reason, I think it's critical that you take the time you need to digest the information and get your questions answered. The purpose of this disclosure form is that if you decide to work with me as your therapist, you will be fully informed. If you have any questions about what to expect, I am more than happy to discuss this with you not only in our first session together but throughout the process.

### **CONSENT TO TREATMENT**

I, the client/guardian, have read or had read to me all the information in this document. My signature below indicates that I have had a chance to review and ask questions and have had all questions answered to my satisfaction. I am aware that I may stop therapy at any time. The only thing that I will still be responsible for is paying for services I already received. I understand that if my treatment is court ordered, I will have to answer the judge. I agree to abide by all the policies outlined herein. I understand that no guarantees have been made to me by this counselor about the results of treatment, or the number of sessions necessary for therapy to be effective.

**By signing this agreement, I am consenting to treatment and understand all the benefits and risks of counseling as outlined herein.**

\_\_\_\_\_ Client name (please print full name)

\_\_\_\_\_ Client signature (or parent/legal guardian signature if client is child/adolescent)

\_\_\_\_\_ Date

**I understand that I am financially responsible** to (EDR) for all charges whether or not I am reimbursed by my insurance company.

\_\_\_\_\_ Name of responsible party (please print full name) \_

\_\_\_\_\_ Signature of responsible party

\_\_\_\_\_ Date

**Teletherapy Informed Consent Form**

I, \_\_\_\_\_, hereby consent to engage in teletherapy with my provider, Marianne Redmond Lopez, MSW, LCSW, LICSW, LMSW-C. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations, and/or education using **interactive audio, video or data communications**. I also understand that teletherapy involves the **communication of my medical/mental information, both orally and/or visually**.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology use, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

**I understand that I have the following rights with respect to teletherapy:**

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Disclosure Agreement that I signed at the beginning of treatment.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite best efforts on the part of my provider to ensure high encryption and secure technology that is HIPAA compliant, that: the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my provider feels I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area if at all possible.
5. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.
6. By signing below, I agree that I will not record or tape our sessions in any way. My provider also agrees not to record our sessions. This is to ensure the ongoing confidentiality and security of my personal information.
7. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging for a location with sufficient lighting and privacy that is free from distractions or intrusions for my session.

It is the responsibility of my provider to do the same on her end. I have read, understand, and agree to the information provided above regarding telehealth.

Client’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_