

# Teresa I. Utley

## Practice Statement and Disclosures – 2021

Thank you for selecting me for your counseling services. As a therapist, my primary goal is to provide professional and effective counseling services based on your goals and my areas of professional competency. In preparation for serving you, I wish to offer the following information as disclosures about my preferences and obligations as a therapist.

Professional Credentials I have a Master's of Science Degree in Human Development and Family Studies from the University of Alabama with a concentration in Marriage and Family Therapy. I am currently working to meet the requirements for licensure as a Marriage and Family Therapist under the supervision of Robin Harvey, LMFT (357, 357-S). I am a member of the Alabama Association of Marriage and Family Therapists and the American Association of Marriage and Family Therapists, A105.

Expectations I will endeavor to provide compassionate counseling services based on a solid foundation of the Christian faith and current research in my field. We will work together to establish workable goals based on the issues you identify as troublesome. Since counseling often involves trying new and different ways of behaving, thinking, and feeling, you and those around you may experience some discomfort as you work to make changes. This discomfort is usually not lasting. If you are determined and committed to the goals we establish, you can expect benefits from our time together. You have the right to refuse to discuss any issue you choose. You also have the right to refuse any treatment suggestion if you choose. At which time, we will discuss your options.

Confidentiality You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (sending bills or faxing information), it will be done with special safeguards to insure confidentiality. As a general rule, all counseling activities, records and identification information remains confidential. However, it is essential that you are aware that some limits to confidentiality do apply to therapists in Alabama. Based upon previous legal decisions, confidentiality must be compromised in instances for the following:

1. When clients present a potential to harm themselves or others.
2. If the suspicion of abuse/neglect of a minor or another adult exists.
3. Court-ordered release of records is demanded. While these instances are quite serious, they are also infrequent.
4. If the sessions are court ordered information may be required to be shared with a case worker or other legal representative.

NOTE: As an associate, all of my counseling is supervised. This means that your case

will be discussed with my supervising LMFT for review of services that I provide to you. Another exception is for clerical assistants who process client information and papers for billing purposes. All rules of confidentiality still apply to the LMFT supervisor, clerical support staff, and myself.

Limitation on Confidentiality When Providing Therapy to Couples or Families This policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the client. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the therapist-client privilege on behalf of the entire treatment unit.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to share with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such termination.

After-Hours Contact In order to maintain proper client/therapist boundaries, non-emergency, after hours contact is discouraged. For emergency services, your quickest and most certain response will be through contacting the Emergency Room of DCH Regional Medical Center (759-7111) or call 911.

Cancellation This office does not overbook. The time assigned for your session is devoted entirely to you. Please provide at least twenty-four (24) hours advance notice if you must cancel your appointment. Monday appointments must be cancelled by appointment time on Friday to avoid being considered a late cancellation. If you cancel an appointment without the required notice or if you elect not to come to your session, the fee of \$50.00 for your session will be charged or added to your next bill.

### Important Information About Fees

1. The charge for each individual session is \$110. 90 minute session is \$170, and 120 minute session is \$210 (unless otherwise stipulated in advance). Couple session is \$120 per 60 minutes.
2. A client must have a valid credit card while their case is open. If the client does not have a valid credit card, the client will need to stay current with their payments.
3. Payments are done online either through Paypal with a credit card. Additionally, I will accept check or cash.
4. Cancellation fees are \$50.00 if not done within 24 hours of appointment.
5. If Teresa Utley bills a credit card for service and find that the card is no longer valid, she will contact you at once for a new card number. If a new card number cannot be given or she cannot get in touch with you for any reason, you will be billed with a \$35 fee added to the balance.
6. If a client pays with a check and the check does not clear the bank, there will be a \$35.00 charge. The client will then have to pay with cash or credit card.
7. If Teresa Utley is called into court to testify for or against, she will be paid one week in advance at the rate of \$250 an hour. The time will begin from the time she leaves the office until the time in which she returns to the office after court. The amount is payable even if the date is changed or moved. This is due to the fact that other clients will be inconvenienced and Teresa Utley will not have the opportunity to reschedule clients for the day.
8. If asked to write a letter or report (for a lawyer, MD, etc), there will be a minimum \$100.00 charge to cover the time and expense for my office.
9. The client is responsible for payment the day services are provided unless a prior arrangement has been made with the therapist. The therapist does not accept insurance payments at this time.
10. At times churches will offer financial assistance with prior arrangements. If, for some reason, the Church fails to pay their agreed fee, I understand that I am responsible for the bill.
11. E-mails and text messages have become an item for clarification. As a general rule, she does not respond to e-mails or text messages unless prior approval has been agreed. If you send her information about your case, that is welcome. It will be placed in your file. A separate authorization to receive email or text reminders may be signed. She will send text message reminders for appointments.

We/I, the member(s) of the \_\_\_\_\_ (couple/family or other unit being seen) acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had the opportunity to discuss its contents with the therapist, and that we enter couple/family therapy in agreement with this policy. We agree to pay \_\_\_\_\_ per session. We understand our rights and responsibilities as a client and our therapist's responsibilities to us. We are over the age of eighteen. If under the age of eighteen parent(s) signature must be present.

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