# Professional Statement of Disclosure

The State of Florida, and myself, Mary A. Donnelly, want you to be informed about your therapy and your rights as a client. This disclosure statement will provide you with information regarding your treatment and therapy. The Florida Board of Mental Health Counselors has the responsibility of regulating the practice of therapy. Therefore, I am overseen by the Board in my practices.

I possess a Master of Liberal Arts Degree, with an emphasis in licensed professional counseling, which I received from Regis University in 1996. I am presently licensed as a Licensed Mental Health Counselor in the State of Florida, license number 9795. I have worked directly in the counseling field since 1996.

I conduct individual, couples, and family therapy. Group therapy sessions may be a part of treatment. The nature and type of your therapy sessions will be determined prior to the onset of therapy. The theoretical orientations which will be utilized in therapy sessions will be a combination of Reality Therapy and Person Centered Therapy. These approaches focus on the nature of the person and our desire to be fully functioning and strong within our lives. In therapy, we will explore self-awareness, behaviors, communication, and determine better ways of reaching goals and attaining self-satisfaction. In therapy sessions, techniques, such as active listening, feedback, reflection, focusing, and role playing, will be utilized. Diagnosis will be a part of the therapeutic process. The diagnosis provided in therapy will become a part of your records. Diagnostic information is utilized not as a method of labeling, but to properly identify, then treat, the issues which you, the client, are confronting.

The information which is discussed during our therapy sessions is confidential, which means it will not be discussed in any realm outside of our therapy sessions. I respect your right to privacy. I am bound to disclose confidential information in certain, clear situations. I must release information when a client is at harm or to himself/herself or others, when child abuse or elder abuse has been indicated, or when a court orders information. If I receive information from a client that she or he has a known fatal and communicable disease, I must disclose information to an identifiable third party, who by his or her relationship with the client is at high risk of contracting the disease. Prior to disclosing information, only in this situation, I will confirm that the client has not nor is the client intending to inform the third party. In family therapy sessions, information about one family member will not be disclosed regarding another family member without prior consent. In counseling minors, parents or guardians may be included in the counseling process, as appropriate. I will consistently act in the best interest of the client and take measures to safeguard confidentiality. Finally, if you, the client, give consent for me to reveal information, I will respect your wishes and disclose the information. If you have further questions regarding confidentiality, please refer to the Code of Ethics and Standards of Practice of the American Counseling Association.

I am bound to maintain a professional relationship in our therapy sessions. In a relationship, such as ours, sexual intimacy is never appropriate and is illegal. Any sexual relations with a present or past counselor should be immediately reported to the Florida Board of Mental Health Counseling.

If you have an issue with me, or regarding my practices, I would like to discuss it with you. However, you have the option of filing a complaint with the Florida Department of Health. Formal complaints should include a detailed description of the incident(s), date and location of the alleged violation(s), your address and telephone number, your signature, and required signed releases. This complaint is then mailed to the following address:

Board of CSW/MFT/MHC
4052 Bald Cypress Way, Bin C08
Tallahassee, FL 32399-3258
(850) 245-4474

All therapy sessions are 45 minutes in length. The initial therapy session will be billed at a fixed rate of $150.00; the sessions which follow will be billed at a fixed rate of $125.00. The methods of payment accepted are check, cash, or payment through insurance. Payment or co-pays are expected at the time which services are rendered. If therapy sessions are cancelled, within 24 hours notice, then there will be no fee for the session. However, if sessions are missed, without notification at least eight hours prior to the scheduled appointment, then you will be billed $35.00 for the missed session.

If you have additional questions or would like additional information, please ask. I will be happy to accommodate your requests.