

Marc Scott
Professional Counselor
Hanley Center at Origins

Professional Disclosure Statement

Thank you for the opportunity to work with you as we build a therapeutic relationship based on mutual respect, trust, and authenticity. As we begin our work together, I would like to discuss the contents on this document as it serves to inform you of my background, understanding the nature of our professional therapeutic relationship, your rights and responsibilities as a client, and office policies and procedures. Please read this document to achieve mutual understanding about the provided counseling services. If you have further questions today or in the future, please bring them up and together we will discuss your questions or concerns. Please see the sections below on confidentiality and the document regarding consent for audiotaping.

At Hanley Center you have the right to professional counseling services consistent with the standards of the American Counseling Association (ACA). You have the right to understand the professional training and credentials of your counselor. You have the right to individual privacy, dignity, and compassion. You will not be discriminated against based on race, ethnicity, religion, gender, nationality, age, sexuality, socioeconomic status, or ability. (Refer to the ACA Code of Ethics at www.counseling.org/Resources/aca-code-of-ethics.pdf)

My Qualifications:

I am a Graduate Student Intern and will complete my Master of Arts in Clinical Mental Health Counseling in May of 2024 at Wake Forest University. I have a Bachelor of Science degree in Business from Wake Forest University located in Winston Salem, NC, a Master's in Business Administration from the University of Florida in Gainesville, FL, and a Master of Science in Accounting from Florida Atlantic University in Boca Raton, FL. I spent over 20 years in the private business sector where I supervised, mentored, and counseled many individuals, was privy to privately held information and ensured confidentiality. I am qualified to counsel individual adolescents and adults, couples, families, and groups under the supervision of Dr. Kaisha A. Thomas, Ph.D., LMFT-S, LMHC-S, QS, NCC, CCMHC, CFMHE, SAP of Hanley Center at Origins who is an appropriately credentialed supervisor. I am trained in a variety of theoretical approaches and counseling interventions.

Counseling Philosophy and Approach:

As we work toward your goals and address your concerns, we will tap on your inner strength and build on skills that serve to empower you. As your therapist, I will support and guide you, but will follow your lead as you progress through therapy. Some clients need a few sessions to work on their presenting concerns and achieve their goals, while others may require months or years of a therapeutic relationship. To best serve your unique needs the frequency and number of sessions will be discussed in our first meeting and evaluated ongoing as needed.

My theoretical orientation is person-centered, but I draw on theories and interventions from

Cognitive Behavioral Therapy, Mindfulness, and Acceptance & Commitment Therapy. I view counseling as a vehicle for promoting holistic health including but not limited to cognitive, emotional, social, spiritual, and physical aspects of wellness.

Depending on your needs, I may introduce techniques including but not limited to mindfulness, acceptance & commitment, emotion focused, breath exercises, relaxation techniques, and more. We will collaborate to find what is most helpful for you including out-of-session activities, “homework.” Though we will attempt to work toward positive outcomes, there is no guarantee of positive outcomes in the counseling process. There are important risks and challenges to be aware of in therapy. It is important for you to know that sometimes participation in therapy involves the exacerbation of symptoms, though the hope is that you will see improvement. Simply put, clients often feel worse before feeling better. You may discover that you have painful thoughts or feelings about people or situations of which you were previously unaware. You experience something, or have had experiences in the past, that require reconciliation, and sometimes that process can be difficult, uncomfortable, and tiring.

This discomfort is partially responsible for “resistance” that many clients experience at various stages of counseling. Resistance is usually a healthy, normal response to potential change, often signaling an opportunity for growth and healing. For instance, resistance may show up as thoughts like “I am too busy”, “I can’t change anything” or “This is just the way I am”. In choosing to acknowledge resistance, you choose to expand your opportunities for healing and growth.

Therapeutic Relationship:

Throughout the counseling process, we will work together to evaluate your progress, discuss your experience of the process, and to work toward goals and desired counseling outcomes. Though the therapeutic relationship is an intimate one, our relationship is entirely professional. You will be best served in counseling by a strictly professional therapeutic relationship, and with sessions that focus exclusively on your goals and concerns. I do not engage with clients socially nor participate in social media of any kind, as I believe it could compromise confidentiality and privacy that could have a negative impact on our therapeutic relationship. I do not text clients and prefer to not use email. Email is not a completely secure or confidential means of communication. You should know that any emails I receive from you and any response I send become a part of your medical record. I request that you limit contact to the methods outlined in the availability section below.

As further protection of you and the therapeutic relationship, please do not extend social invitations or gifts to me or ask me to relate to you in any other way outside the professional context of our therapy. These limits are designed with your welfare in mind and allow for all efforts to be directed toward your therapeutic concerns only. Also, because we may live in the same community, if I see you in a public setting, I will not acknowledge you unless you first acknowledge me. I think it is best that any public discussion be kept to brief and unrelated to your treatment. This policy is an extension of my respect for you and my desire to protect your confidentiality and preserve the integrity of our therapeutic relationship.

My Availability:

I am available during the weekday hours and unavailable most nights, weekends, and during holidays or breaks. I can be contacted exclusively through Hanley Center at Origins. For non-crisis communications, you may email me at: mScott@originsrecovery.com. For emergencies, please call 911 or go to the nearest hospital emergency room.

Schedule, Fees, and Payment:

Hanley Center at Origins is responsible for billing, fee collection, and any payment necessary. It is understood that the work performed will not be billed on the sole behalf of the provider until fully licensed by the state of Florida.

Use of Mind-altering Drugs or Alcohol:

No smoking is allowed in the building. Please do not appear for a session under the influence of any mind-altering drug, including alcohol. Should the situation occur, the therapy session will not take place and you will be charged in full for the session. Such an occurrence may be considered grounds for termination of therapy.

About Confidentiality and Records:

All counseling services are provided in compliance with FL confidentiality laws, the FL Board of Licensed Professional Counselors and the ethical standards of the National Board of Certified Counselors, and the American Counseling Association. Everything discussed in counseling sessions is voluntary and confidential. Our communications become part of your clinical record, which may be accessible to you upon request. A combination of physical and electronic clinical records is used. All electronic records are stored in a secure on-line platform. These records include but are not limited to contact record, case notes, diagnosis, and copies of all new client forms. The information you share is confidential and will not be shared with anyone outside office without your written consent, with the following exceptions:

- Evidence of possible abuse or neglect of a minor or dependent adult,
- Evidence of possible danger to the client or identified others,
- A court order for disclosure,
- Involvement of a DCF worker or guardian ad litem, and
- A request for information from the parent of a minor.

Please note that in sessions with multiple clients (e.g., couples, families, groups) confidentiality cannot be guaranteed.

Supervisor

I will be acting under the supervision of Dr. Kaisha Thomas whose contact information is below should you have any complaints or problems with the services that have been provided, please let her know by calling or emailing the below information:

Dr. Kaisha A. Thomas, Ph.D., LMFT-S, LMHC-S, QS, NCC, CCMHC, CFMHE, SAP
(561) 841-1037
kthomas@originsrecovery.com

