

*Frances Red Arrow, LCSW  
Licensed Clinical Social Worker  
Professional Disclosure Statement*

*I am Frances P. Red Arrow, Licensed Clinical Social Worker in both New York and North Carolina. NY License # 079267 and NC License # C007717. This disclosure statement is to inform you of my professional credentials, types of services offered, therapeutic orientation and style, risks involved and fee schedule.*

*I earned a Masters Degree in Social Work from New York University. I have worked in the field of Social Work since 1992, taking some time off to raise my children. I am a current member of the National Association of Social Workers, (NASW).*

*I believe in a holistic approach to healing, the importance of working collaboratively with other disciplines and utilizing different theoretical approaches, such as Freud and Erickson's Theories of Personality Development. Through these different treatment modalities you and I will work together in an effort to alleviate the pain, stress, anxiety and sadness you may be experiencing.*

*There are risks to psychotherapy. Some of which include, but are not limited, to the following. People often feel worse as the therapy progresses. Therapy can complicate your life. You may discover that you have feelings and/or thoughts about people that you never realized you had. You may want or need things you had overlooked and may not have access to them yet. You may have had experiences in the past that must be reconciled and sometimes that is cumbersome. Couples therapy with or without both partners may increase the risk of separation and divorce. Therapy may result in a sense of memories that depict abusive episodes; these memories should not be automatically construed as fact since memories can be created after the fact.*

*Some clients develop strong feelings and/or thoughts about their therapists. Please do not offer gifts or ask me to relate to you in any other manner than the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and if our sessions concentrate exclusively on your concerns. You may learn information about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in a professional role. Please note that in order to protect your confidentiality, I treat you anonymously in public unless you initiate public interaction.*

*My ex-husband is an Assistant District Attorney for Iredell and Alexander Counties in North Carolina. Should you become, are already involved with, and/or have been involved with the court systems, my being your counselor could potentially become a conflict of interest. Please disclose this information to me immediately.*

*All of our communication, including diagnoses, becomes part of the clinical record, which is accessible to you upon request (unless I determine doing so would be psychologically harmful). A diagnosis will be based upon symptoms reported during your initial session and will be consistent with the DSM V criteria. I will keep confidential anything that you or the minor, you are consenting for, say to me, with the following exceptions: a) you direct or said minor directs me to tell someone else (ie. to obtain insurance reimbursement), b) I determine that you or said minor are a danger to yourself and/or others, c) I am subpoenaed and/or ordered by a court to disclose information, d) I suspect that there is child and/or elder abuse, and/or e) I am working collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care. When doing couples and/or family counseling, I should not be asked to withhold specific information from other members of the family/system as it is difficult to guarantee adherence to the request. Your intake packet will include a notice of Privacy Practices in regard to billing and insurance information.*

*Our sessions will last from 40-55 minutes in duration. If you are unable to keep your appointment, we require a 24 hour notice or a charge of \$95.00 will be added and charged to your account. Services will be rendered in a professional manner consistent with legal and ethical standards. Referral to another counselor is appropriate if you or I feel we are not a good fit.*

*Cost for services at Serenity Counseling LCSW PLLC are \$150 for the intake appointment, \$125 for individual sessions, \$135 for family or couples sessions and \$150 for an extended appointment over 55 minutes. I am paneled with most insurance companies and our billing company will handle filing for reimbursement. You are responsible for meeting any deductible you may have, as well as your co-pay.*

*Clients are discouraged from having their therapist subpoenaed. Although clients are directly responsible for all court fees, it does not mean that my testimony will be in their favor. I can only testify to the facts of the case and to my professional opinion. Should you decide to subpoena me, you agree to the following fees: Preparation time (including submission of records): \$125 /hr, Phone calls: \$125/hr, Depositions: \$125/hr, Time required in giving testimony: \$125/hr, Mileage: \$0.50/mile, Travel time: \$125/hr, Time away from office due to depositions and/or testimony : \$125. All attorney's fees and costs incurred by the therapist as a result of the legal action, Filing a document with the court: \$100. The minimum charge of a court appearance: \$1500. A retainer of \$1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 72 business hours notice there will*

*be an additional \$125 “express” charge. Also, if the case is reset with less than 72 business hours notice, then the client will be charged \$500 (in addition to the retainer of \$1200).*

*If you are dissatisfied with any aspect of the counseling process, please inform me so that we can determine if our work together can be more efficient and effective or if a referral to another therapist is needed. If you think I have treated you unfairly or unethically and we cannot resolve the issue, you may file a complaint with the:*

*NY Social Work Certification and Licensure Board  
Office of Professional Discipline  
1411 Broadway 10th Floor  
New York, New York 10018*

*By your signature below you indicate that you read, understood, are in agreement with this statement in its entirety and any questions you have about this statement have been answered completely.*

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*Client/Parent/Guardian Print*

*Date*

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*Client/Parent/Guardian Signature*

*Date*

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*Frances Red Arrow, LCSW Counselor Signature*

*Date*