Karen Marullo, MA, L.P.C.

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Professional Disclosure Statement & Informed Consent for Mental Health Counseling

As a way of introducing myself to clients, I have prepared this description of my background, the services I offer and other information that is important for you to know. This document is part of the Standards of Practice of the Alabama Board of Examiners in Counseling and the American Counseling Association. Please keep a copy for your records and I will keep the signature pages for my records. Please read this carefully and if you have any questions that are not covered here or want future clarification please ask me when we discuss this statement during session.

Education and Credentials

I hold a Master of Arts degree in Counseling from University of Alabama at Birmingham and a Bachelor's degree in Family and Childhood Development from Auburn University. I am a Licensed Professional Counselor (#1000) in the State of Alabama and a member of the Alabama Counseling Association. I have over 25 years of experience in counseling services, having worked in private practice, outpatient and residential settings for several not for profit agencies as well as daycare, middle and high school.

Services Offered

I provide services to individuals, couples and families having trouble with life changes such as adjustment to a developmental stage or life transitions. I also work with individuals who are experiencing more chronic issues such as depression, anxiety, trauma, and ongoing relationship issues. I am passionate about helping women of all ages navigate life challenges that often feel overwhelming, such as post-partum depression, anxiety, pregnancy loss, self-esteem, body image and eating disorders.

Counseling Process and Approach

Counseling is a process in which you, the client, gain insight and tools that will facilitate continued growth and development after the counseling has ended. I cannot guarantee any specific outcomes but will discuss your progress as we go along and make changes in your goals and treatment as needed. You should be aware that while counseling interventions offer potential benefits, they also present possible risk, such as uncovering painful or uncomfortable feeling of sadness, guilt, anxiety, anger or frustration as you discuss aspects of your life. In addition, as you grow as a result of insight gained, you may experience feelings of discomfort until you adapt and adjust to these changes. I often adhere to a client centered orientation, emphasizing the individual's strengths and resources while incorporating a range of treatment approaches that are most effective for the client and the issues involved. These methods include, cognitive behavioral, insight oriented and family systems perspective.

Diagnosis, Insurance Reimbursement, Counseling Fee, and Length of Session

Should you wish to use an insurance policy for counseling services, it is your responsibility to contact your insurance company to inquire about specific coverage for mental health services. I am a provider for some insurance and EAP (Employee Assistance Programs) companies. Please note that most insurance companies require a psychiatric diagnosis in order to reimburse for mental health counseling. This diagnosis, once established, will become part of your permanent record. Payment or co-payment is expected at each session. Private Pay rates are as follows: $136.00 for an initial 60-minute evaluation and assessment. $136.00 per 60-minute individual session; $136 per 60-minute family or couple session. Regardless of insurance you are responsible for payment of your bill.

Cancellation Policy

With the exception of an emergency, you are required to give 24-hour notice to cancel or reschedule an appointment or you will be charged a fee of $75 for the scheduled missed appointment. Please understand that work conflicts, childcare issues, double booking appointments, or forgetting your appointment are not emergencies and you will be held responsible for the scheduled missed appointment fee. Please be mindful when scheduling your appointment so that you are aware of any potential conflicts you may have. Your insurance will not pay for any portion of a missed appointment and you will be responsible for the full fee. Please understand that if you fail to show for an appointment or cancel at the last minute, you are taking away time that could be used for another client in need. Furthermore, counseling is a process of engagement and it is imperative that you be present for your scheduled appointments

Confidentiality

When I open your case, I will establish a file that contains all information provided by you, as well as my own documentation, and this file will be kept in strict confidence. You may have the right to review your file with me if you so choose. Should I need to obtain or share information with other professionals about you for treatment purposes, I will discuss this with you and ask for your written consent to do so. The following are exceptions to full confidentiality:

- If disclosure is necessary to prevent clear and imminent danger to yourself or another. This includes verbal intentions you may make to seriously harm yourself or another person.
- In suspected cases of elder or child neglect and/or abuse (If the therapist has a reasonable suspicions if a client or another named victim is a perpetrator or observer of or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years).
- If I am made aware that you have a communicable and fatal disease and that you have willfully exposed an identified third party to it.
- If I feel it would be helpful for me to obtain consultation or supervision with another mental health professional about your case. The purpose of clinical consultation is to provide you with the best quality care by consulting with other experts in the field.
- If I am ordered by a judge to release information, then I must release information and will only release the minimal amount in order to protect your privacy.
- Should you become delinquent with payment owed for services, the services of a collection agency and/or small claims court may be used to collect delinquent fees. Only the minimal amount of information about you would be released in this case, including your name, services dates and amount due.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not engage in any lengthy discussions in public or outside the therapy office.

Office Hours and Emergencies

Appointment are available Monday through Friday from 10:00am to 7:00pm. Should you have a mental health emergency and are not able to reach me, please go to your nearest hospital emergency room or call 911. Crisis staff at the Crisis Center are available 24 hours a day to assist you by telephone at (205) 323-7782.

Electronic Communication

I cannot ensure the confidentiality of communication through electronic media, including text messages and email. I recommend the use of OHMD, a secure texting platform. I will send you an invite to join this app; once you have downloaded OHMD and I receive notice of your acceptance, we will be able to communicate securely.

Social Media and Telecommunication

Due to the importance of maintaining confidentiality and professionalism, I do not accept friend requests from current of former clients on any social networking site (Facebook, LinkedIn, etc.) I believe that adding clients as friends or contacts of these sites can compromise their confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet, and we can talk more about it.

Telemedicine

Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment you need to understand that:

All existing confidentiality protections are equally applicable. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up to date information, consultations, support, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when therapist gathers within a session or a series of sessions, a multitude of observation, information and experiences about the client. Therapist may make clinical assessment, diagnosis, and interventions based not only on direct verbal or auditory communication, written reports, and third person consultations, but also from direct verbal and olfactory observations information and experiences. When using information technology in therapy services, potential risks included, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition, gait and motor coordination, posture, work speed, and noteworthy mannerisms or gestures, physical or medication conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues) sex, chronological and apparent age, facial and body language and facial or bodily expression. Potential consequences thus include therapist not being aware of what he or she would consider important information, that you many not recognized as significant to present verbally to the therapist.

Ethics and Professional Standards

I adhere to the Code of Ethics and Standards of Practice approved by the Alabama Board of Examiners in Counseling and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve.

If there is something that concerns you regarding any aspect of your treatment with me, please discuss it with me immediately. If you think you have been treated unfairly or unethically by me and cannot resolve the problem with me, you can contact the Alabama Board of Examiners in Counseling. I am looking forward to our work together. You are encouraged to discuss any questions or concerns you have about entering a counseling relationship with me, or the counseling process I have described.

Termination

Ending relationships can be difficult. Therefore, it is important to establish a termination process between the therapist and client in order to achieve some closure. The appropriate termination process is determined by the length of time a client has been in treatment, as well as the intensity of this treatment. I may terminate treatment after discussion with you if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reason and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Unless other arrangements have been made in advance, if you fail to schedule an appointment for four consecutive weeks, I must consider the professional relationship discontinued for legal and ethical reasons.

Unexpected Therapist Absence

In the event of my unplanned absence from practice whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care is accordance with your needs. You authorize the Executor to access your treatment and financial records only in accordance with the terms of my professional will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

Consent to Treatment and Acknowledgement of Receipt of Professional Disclosure Statement

Please initial where applicable:

____I have read the Professional Disclosure Statement of Karen Marullo, MA, LPC and I have maintained a copy.

____I consent to treatment and voluntarily agree to participate in all treatment

____I intend to use insurance or EAP benefits and I do want my therapist to file my insurance claim or EAP claims and have payment sent directly to her. Please attach a copy of your insurance card and driver's license with this form.

_____I do not intend to use insurance and will pay for my sessions out of pocket.

_____I consent to the Executor having access to my treatment and financial records **only** in accordance to terms of therapist's professional will, and **only** in the event of a significant unplanned absence form practice.

_____ _____

Signature of Client or Responsible Party Date

_____ _____

Signature of Counselor/Witness Date

HIPAA Privacy Statement

I_____ (print name) hereby acknowledge that during the initial contact with Karen Marullo, MA, LPC. We discussed confidentiality and privacy issues. I was provided a written notice of the Privacy Practices updated May 2020, which outlines how protected health information will be treated in her practice. I understand that the confidentiality of email correspondence cannot be guaranteed and choose to correspond via email at my discretion.

____I have been informed about how my privacy and confidentially will be maintained by Karen Marullo MA, LPC

____I have reviewed and maintained a copy of the Notice of Privacy Practices.

_____ _____

Signature of Client or responsible party Date

_____ _____

Signature of Counselor/Witness Date

Financial Agreement and Business Policy

I agree to be responsible for all fees accrued, as disclosed in this Professional Disclosure statement, while receiving professional services. I understand that I must give 24-hour notice to cancel an appointment that is NOT related to a medical emergency or I will be charged a $75 for a scheduled missed appointment. I understand that my insurance plan will not pay for any portion of a missed appointment and I will be responsible for the full fee.

_____ _____

Signature of Client or Responsible Party Date

_____ _____

Signature of Counselor/Witness Date

Informed consent checklist for Telehealth services

Prior to starting video-conferencing services, we discussed and agreed to the following:

There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

Confidentiality still applies for telehealth services, and nobody will record the session without permission from others involved.

We agree to use video-conferencing platform selected for out virtual sessions, and the therapist is will explain how to use it.

You need to use a webcam or smartphone during the session.

It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

It is important to use a secure internet connection rather than a public/free Wi-Fi.

It is important to be on time, if you need to cancel or change your tele-appointment, you must notify the therapist is advance by phone or OHMD.

We need a back up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

We need a safety plan that includes at least one emergency contact and the closet ER to your location, in the event of a crisis situation.

As your therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in person.

Client:

Therapist:

Date: