

DISCLOSURE STATEMENT

Erica V. Buckner, MSW, LCSW, ACSW, LSWAIC, SAP, CSTAS, CAMS
Wise MindBody Institute, PLLC

A1: Houston, TX
A2: New Orleans, LA
A3: Spokane, WA

P: 504.688.9323
F: 608.740.5963

W: <https://wisemindbody.co> (.co not .com)
E: info@wisemindbody.co (.co not .com)

Virtual Office Hours: Mon. – Thurs 8:00a – 12:00p PST
@ <https://sessions.psychologytoday.com/mindbody360>

Independent Practice

I, Erica V. Buckner, am the independent provider, director, and owner of Wise MindBody Institute, PLLC. All services under this disclosure is private-pay and insurance billing only.

My License(s), Education and Training

I hold the following license(s) in the indicated state(s): Washington – LSWAIC, SC.61478154; Texas – LCSW, 104734; Louisiana - LCSW, 15278; Ohio - LMSW, S.2207463; Georgia – LSW, MSW010716

As a Licensed Clinical Social Worker, I hold a B.A. in Psychology from the University of Louisville; a Master of Social Work (MSW) and in pursuit of a Ph.D. in Social Work from Louisiana State University (Fall 2024). As a dynamic, culturally innovative, therapist, social worker, and researcher with 10+ years of clinical training and practice, I am trained in the following treatment orientations: Cognitive Behavior Therapy (CBT), Mindfulness Cognitive Behavioral Therapy (M-CBT); Dialectical Behavioral Therapy (DBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Exposure Therapy (ET), Emotion-Focused Family Therapy (EFFT), Brief-Solution Focused Therapy, Grief and Trauma Intervention (GTI; groups only), career and life coaching. I'm also trained in court-approved evaluations/assessments and offer court-approved treatment sessions - individual or group.

In the state of Washington, I am currently under the supervision of Christopher Carver, LICSW. Additional information about my license is available at the Washington Department of Health.

I abide by the National Association of Social Workers (NASW) Code of Ethics which reflects the commitment of all social workers to uphold the profession's values, principles, standards, and to act ethically. Furthermore, I am required to participate in a minimum of 25 continuing education credits to keep abreast of the most nascent therapies and research.

Initial & Date here: _____

Client Mix

I offer (court-approved) evaluation/assessment, skills training, and therapy services for individuals, groups, and families. I see clients 13 to 65+ years old. Please note that for minors under the age of 16 y.o. I require the involvement of either one or both parents/guardians. Special circumstances may apply where I may only see the minor patient under 16 y.o. but not younger than 13 y.o. without a parent or guardian.

What does this look like: Depending on the clinical severity and impairment of the client and their presenting concerns, I will require either separate weekly, bi-weekly, monthly, or family sessions every 6 weeks. We will discuss this further in the 3rd or 4th week mark. I will also make further recommendations if clients may benefit from an interactive DBT skills group in concert with individual therapy. Please note that ALL groups are affordable private-pay options only – you may attempt reimbursement with your insurance provider. Wise MindBody Institute, PLLC will not be responsible for insurance reimbursement processes.

Additionally, I offer case management services, which includes but is not limited to providing documentation for academic accommodations, disability, unemployment, custody, adoption, foster care, car accident, etc. I also offer skills and treatment groups as well as 1:1 therapy service for individuals who are court-mandated for treatment or seeking treatment. Lastly, I provide referrals to clients who have received SAP evaluations or court-mandated evaluations/assessments - I will not be able to provide therapy services to clients whom I have provided SAP or court-mandated evaluations for.

Materials:

A journal/notebook and a writing apparatus is required for all therapy sessions including individual, family, and group sessions. Depending on the treatment modality and the client's presenting concern(s), an individual skills workbook may be required. This purchase is a separate private-paid purchase and may not be reimbursable via insurance. Other supplemental tools may be suggested but are not required. Further details will be provided in the 15-min intro call and reviewed or reassessed at the conclusion of intake sessions, which is typically the 3rd/4th session.

Treatment Modality and Therapeutic Orientation

I offer individual, family, and group therapy to clients from ages 10 to 65+. Therapeutic orientations: anxiety; performance anxiety; social anxiety; identity development; depression; suicidal thoughts; coping skills; substance abuse; school/work/career stress; life transitions; grief; ADHD; anger management; behavioral issues; family conflict; parenting stress; self-esteem. Therapy has both benefits and risks. During therapy, you might notice changes in your symptoms, problems, and functioning. Since we will be exploring challenging territory in your life, you might experience greater difficulty throughout our work. Therapy typically produces benefits over time, but sometimes as you get to the root of tender issues, you may feel them even more acutely than in the past. I cannot offer any promise or guarantee about the results you will experience. However, as you commit yourself to work through your vulnerable issues and build upon your strengths, it is likely that you will see improvements throughout your work and in the future.

Clients Needing Evaluations/Assessments

There is typically a 15-minute consultation call to gather pertinent information about the presenting concern(s). After the consultation call, I will send an invoice along with an Informed Consent, HIPAA Confidentiality form, and Demographic Data Sheet. The invoice is to be paid along with the completion of initial forms and returned via email. Once payment is received in full, a second email will be sent that includes the applicable self-report forms that will be paired with the evaluation. Evaluations typically take 3 to 4 hours.

Initial & Date here: _____

Canceling Appointments

To provide you with optimal care, your appointment time is reserved specifically for you. I do not double book clients. In return, I ask that you provide me or our front office with a minimum of 48 hours' notice if you are unable to make it to your appointment. Please either call or text me @ 504.688.9323; and email me @ info@wisemindbody.co (.co not .com).

Emergencies

I am not available on an emergency basis. If you are experiencing an emergency or are concerned you may be a threat to yourself or others or there is a threat against or towards you, please dial 911, 988 (an emergency line specific to suicide and mental health crises) or go to the nearest hospital emergency room; or contact your nearest local law enforcement agency.

Rescheduling Appointments

If you need to reschedule an appointment, the rescheduling request should be made to Wise MindBody Institute, PLLC by texting/calling/emailing @ 504.688.9323 or info@wisemindbody.co (.co not .com). If you need to reschedule an appointment, I ask that you give Wise MindBody Institute, PLLC at least 48 hours' notice in advance of the originally scheduled appointment. Rescheduling requests made without at least 48 hours' advance notice will incur late cancellation fees (see Financial Responsibility section below).

Confidentiality

All information disclosed within appointments is confidential unless the court mandated. I keep brief notes of our appointments, but such notes and other information related to these appointments will not be disclosed to anyone except as permitted or required by law.

Your Rights

You have the following rights:

- To refuse the evaluation.
- To refuse treatment.
- To choose a practitioner and treatment modality which best suits your needs.
- To expect that I have met the qualifications of training and experience required by state law.
- To examine public records maintained by the state authority that licenses me and to have such authority confirm my credentials.
- To obtain a copy of the code of ethics to which I am bound.
- To report complaints to the state authority that licenses me:

Initial & Date here: _____

Washington State Department of Health
River View Corporate Center, Ste.1500
16201 E. Indianan Ave.
Spokane Valley, WA 99216
1.800.525.0127
DOH-PIO@doh.wa.gov

Texas Behavioral Health Executive Council
1801 Congress Ave., Ste. 7.300
Austin, TX 78701
512.305.7700
<https://fs2.formsite.com/S2yjlK/ptrmyhbxo/index.html>

Louisiana State Board of Social Work Examiners
18550 Highland Rd b,
Baton Rouge, LA 70809
225.756.3470
Socialwork@labswe.org

Georgia Board of Professional Counselors, Social Workers, and Marriage Therapists
237 Coliseum Drive
Macon, GA 31217
404.424.9966
ExamBoards-Healthcare@sos.ga.gov

Ohio Counselor, Social Worker, and Marriage and Family Therapist Board
77 S High Street, 24th Floor, Room 2468
Columbus, OH 43215
Cswmft.info@cswb.ohio.gov

- To be informed of the cost of my services before receiving the services.
- To be assured of privacy and confidentiality while receiving services from me (note - the law sometimes permits or requires disclosures of private/confidential information); and
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Initial & Date here:_____

Patient/Parent/Guardian Acknowledgment

I (the patient or the patient's parent legal guardian) have been provided a copy of my (or my child's) therapist's disclosure statement. I have read and understand the information provided.

Patient Name:

Patient Date of Birth:

*If patient is under the age of 13 years old, the patient's parent or legal guardian must sign

below Signed:

Name:

Relationship to Patient (e.g., self, parent):

Provider Acknowledgment

Signed:

Name:

Date:

TELEHEALTH INFORMED CONSENT

By signing below, you hereby consent to receive, or have your child receive, therapy services from me via telehealth. "Telehealth" includes the practice of health care delivery, diagnosis, and treatment consultation using interactive video, audio, and/or data communications.

There are benefits and risks to telehealth. The benefits of telehealth include convenience and continuity of care in times when you are unable to see me in-person. Risks include the risks inherent in transmitting information electronically that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. In the event of a technological failure during a telehealth visit, you agree that I may contact you at the phone number listed below.

It is your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear our communications or have access to the telehealth technology. To further ensure the confidentiality and security of our communications, you are not permitted to record telehealth appointments.

All fees for telehealth services are the same as for non-telehealth services. You are financially responsible for all services rendered and for the charges associated with late cancellations and missed appointments, where such charges are permitted.

I may determine at some point during my treatment of you that treatment via telehealth is no longer appropriate. If this happens, we will discuss options for in-person care or referrals to other practitioners.

Patient Name:

Patient Date of Birth:

Telephone Number:

*If the patient is under the age of 13 years old, the patient's parent or legal guardian must sign below.

Signed:

Name:

Relationship to Patient (e.g., self, parent):

FINANCIAL RESPONSIBILITY

Insurance Fees

Actively credentialed with the following states:

- Louisiana: Cigna Aetna
 - Pending Approval in Louisiana: Blue Cross Blue Shield (BCBS); United Healthcare; Oscar Health; Oxford
- Texas: Blue Cross Blue Shield (BCBS); Aetna; Cigna
 - Pending Approval in Texas: Oxford, Oscar Health, United Healthcare

****Insurance is not accepted for court-mandated services unless otherwise discussed prior to completing this form. All court services are private pay only.**

Private Pay (Cash Pay) Fees

***Each respective service has a fee sliding scale available - financial documents are required for justification.**

Individual Intake Session, 90-minutes, \$225.00

Individual Sessions, 55-minutes, \$150.00

Family Intake Session, 90-minutes, \$275.00

Family Session, 75-minutes, \$200.00

Case Management Session, 1hr, \$125.00 (fee sliding scale offered)

***All evaluations, assessments, and class fees may be found @ www.wismindbody.co**

****All fees are to be paid in full prior to your session.**

Case Management Time Fees

Most clinical issues should be shared in our appointment. If calls and case management become excessive, I may need to charge for case management time. I will always inform you prior to providing this service and prior to billing for it.

- \$75.00 per hour

Cancellation Fees

If you are unable to provide more than 24 hours' notice, you will incur a missed appointment/late cancellation fee as follows:

- 24-hour or less notice \$300 for missing session (individual assessment)
- 48-hour or less notice \$150 for missing session (individual assessment)

This charge is irrespective of the reason for the cancellation/no show.

Initial & Date here:_____

Collections

Late cancellation fees will be deducted from the cost charged. The reminder balance will be refunded within 3 to 7 business days.

Assignment of Benefits

By signing below, in exchange for, and in connection with, any and all of the services provided to you or your child, as applicable, by me, your provider, you irrevocably assign and transfer to Wise MindBody Institute, PLLC, all of the rights, benefits, privileges, protections, claims and any other interests of any kind whatsoever, without limitation, that you or your child, as applicable, had, have or may have in the future pursuant to or in connection with any insurance policy or plan, health benefit plan, health management agreement, risk-bearing agreement, trust, fund or any other source of payment, insurance, indemnity or health or medical coverage of any kind covering you or your child, as applicable. This assignment also includes assignment of your or your child's, as applicable, appeal rights, fiduciary rights, rights to sue, rights to payment, rights to full and fair claims review, rights to penalties or interest, rights to plan documents and plan information, and rights to notices and disclosures from any source.

Patient Name:

Patient Date of Birth:

*If patient is under the age of 13, the patient's parent or legal guardian must sign

below Signed:

Name:

Relationship to Patient (e.g., self, parent):