

Greenville Relationship Institute  
Next Step Counseling  
Andrew L Johnston MDIV MA LPCI

## Professional Disclosure Statement and Consent for Treatment

The purpose of this document is to provide you with basic information about this practice, about me as a provider, and about your rights as a client. Much of this information is required under South Carolina State Law and Public Law 104-191.

### **Contact Information:**

Mr. Johnston's counseling office is located at 710 Pettigru St, Greenville, SC 29601. His business phone number is 864-990-4442.

### **Personal Qualifications:**

Mr. Johnston received his Master's Degree in Mental Health Counseling from Eastern Mennonite University in Harrisonburg, VA. Previous degrees include a Master's of Divinity degree from the Candler School of Theology at Emory University in Decatur, GA. He has also received a Certificate in Conflict Resolution from the University of Utah in Salt Lake City, UT. He is licensed in South Carolina as LPCI – Licensed Professional Counselor Intern and practices under the supervision of a local Counselor Supervisor.

### **Services:**

Mr. Johnston offers counseling services for individuals and couples. His approach is based primarily on developmental and attachment-based theories, and he employs research-supported interventions focused on emotional, cognitive, and behavioral restructuring. He is open to discussing his approach at any time, and solicits feedback on the perceived effectiveness of therapy.

### **Fees:**

The hourly fee for individual and couples is \$115. As it is customary to pay for professional services when they are rendered, this fee is due at the start of each session. There is a \$5 discount for paying with cash or check.

You may cancel or change any appointment up to 24 hours in advance. If you cancel or reschedule within 24 hours, you will be charged a late cancel fee of \$40. If you do not notify at all, you will be charged a no-show fee of \$60. This fee must be paid in full by the next scheduled session.

Mr. Johnston does not bill insurance on behalf of clients, but he can provide you with the necessary documentation for you to submit to insurance for reimbursement. Please contact your insurance provider to determine whether counseling is covered, as some insurance companies will not reimburse for counseling with LPCI licensees. If you use HSA or FSA funds for session costs, Mr. Johnston will provide the appropriate statements to document the expense.

### **Confidentiality:**

The information you share in psychotherapy is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Please note, however, that your therapy file can be subpoenaed in South Carolina through a court order signed by a judge. It is considered privileged in the federal court system.

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Mr. Johnston is mandated by standards through the “Duty to Warn” statute to breach confidentiality if he discovers: 1) You are threatening self-harm (suicide) 2) You are threatening to harm another (homicide) 3) A child has been or is being abused or neglected, and/or 4) A vulnerable adult has been or is being abused or neglected.

If you wish for your protected health information to be released to another party, you must sign a specific “Release of Information” intended for this purpose.

**No Secrets Policy (couples counseling only):**

When working with a couple, the best results come when each person is able to trust the honesty and integrity of the therapist. Therefore, Mr. Johnston abides by a “no secrets” policy when working with couples. This means he will not take secret phone calls or keep information that impacts the relationship without the other person’s knowledge. If one person is concerned about revealing information because of its impact on the relationship, Mr. Johnston will be glad to help that person figure out the best possible way to disclose within the next few sessions.

**Ethics:**

Mr. Johnston follows the Code of Ethics of the following organizations:

- The South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists, and
- The American Counseling Association.

Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

**Informed Consent:**

You will be asked to sign the last page of this document. Your signature verifies that (1) you have been given this document and the HIPAA document that follows, (2) you have read and understand these documents, and (3) you consent to treatment. You also need to be aware of the following:

- Treatment is not always successful and may open unexpected emotionally sensitive areas,
- Mr. Johnston is not a physician and cannot prescribe medications,
- Mr. Johnston is not available 24 hours a day,
- Appointments may be successfully canceled as late as 24 hours prior to the scheduled time. If this is not done, will be charged \$50 for the missed appointment.
- Mr. Johnston may need to consult with your physician, attorney, or other counselor. He will notify and/or discuss this with you before consultation occurs and will ask you to sign a Release of Information form.
- Mr. Johnston is licensed through the SC Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists. This Board is located in The Synergy Center (Kingtree Building) in Columbia, South Carolina. The Board’s mailing address is P.O. Box 11329, Columbia, SC, 29211-1329. The phone number is 803-896-4652.

## Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file (all medical records or other individually identifiable health information held or disclosed in any form [electronic, paper, or oral]) is considered “protected health information” by HIPAA. As such, your protected health information ***cannot be distributed to anyone else without your express informed and voluntary written consent or authorization.*** The exceptions to this are defined immediately below. Additional information regarding your rights as a client can be found in your therapist’s/ counselor’s Professional Disclosure Statement and Consent for Treatment.

### **Use or disclosure of the following protected health information does not require your consent or authorization:**

1. Uses and disclosures required by law - *like files court-ordered by a Judge*
2. Uses and disclosures about victims of abuse, neglect, or domestic violence – *like the Duties to Warn explained in your therapist’s/counselor’s Disclosure Statement*
3. Uses and disclosures for health and oversight activities - *like correcting records or correcting records already disclosed*
4. Uses and disclosures for judicial and administrative proceedings - *like a case where you are claiming malpractice or breach of ethics*
5. Uses and disclosures for law enforcement purposes - *like if you intend to harm someone else (see Duties to Warn in your therapist’s/counselor’s Disclosure Statement)*
6. 7 Uses and disclosures for research purposes - *like using client information in research; always maintaining client confidentiality*
7. Uses and disclosures to avert a serious threat to health or safety - *like calling Probate Court for a commitment hearing*
8. Uses and disclosures for Workers’ Compensation - *like the basic information obtained in therapy/counseling as a result of your Worker’s Compensation claim*

**Your Rights as a Counseling/Therapy Client under HIPAA**

⇒As a client, you have the right to see your counseling/therapy file.

*Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.*

⇒As a client, you have the right to receive a copy of your counseling/therapy file.

This file copy will consist of only documents generated by us. You will be charged copying fees @ \$.20/page. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.*

⇒As a client, you have the right to request amendments to your counseling/therapy file.

⇒As a client, you have the right to receive a history of all disclosures of protected health information. You will be charged copying fees @ \$.20/page.

⇒As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed.

⇒As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.

Prior to your counseling or therapy, you will receive 1.) an exact duplicate of these two pages and 2.) your therapist's/counselor's Professional Disclosure Statement and Consent for Treatment - both for your personal records. It will be necessary for you to sign a certificate indicating that you have received, read, and understand both documents. This certificate will be placed in your counseling/therapy file. Please do not sign the certificate if you do not understand any part of the HIPAA Client's Rights or the Professional Disclosure Statement and Consent for Treatment. Your counselor or therapist will be happy to explain these documents further.

Page 5 is the signature certificate and you will leave it with Mr. Johnston

Thank you!