



CLIENT DISCLOSURE STATEMENT (INFORMATION AND CONSENT)

I, Kathleen J. Karnoff PhD, am pleased you have selected me as your therapist. This document is designed to inform you about my background, my approach and to ensure that you understand our professional relationship. Counseling can be rendered by appointment in person, via phone or Skype online.

BACKGROUND

My doctorate is in Behavioral Health from the International University for Graduate Studies. I hold a masters degree in Mental Health Counseling from Marywood University and a bachelor of science degree in professional arts from Saint Joseph's College. I am fully certified as a National Professional Counselor, licensed in Pennsylvania. I also have certifications in hypnosis from the American Hypnosis Training Academy, and I am a Grief Recovery Specialist. My Distance Credentialed Counselor Certification comes from the Center for Credentialing and Education Inc.

COUNSELING APPROACH

People can make better decisions if they have enough information and understand how something works. Here are some aspects of counseling and therapy as I see and practice it.

Counseling includes your active, goal-oriented involvement as well as efforts to change your thoughts, feelings and behaviors. You will have to work in and out of counseling sessions. There are no instant, painless or passive cures, no "magic pills". In some cases psychotherapy may temporarily worsen symptoms prior to successful intervention. Services may include: homework assignments, exercises, writing and journaling, hypnotherapy, values-assessment and clarification, stress relief techniques and perhaps other projects. Most likely, you will have to work on relationships and make long-term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate. Effort may need to be repeated to achieve optimum performance.

I take an educative approach to people's problems and encourage you to learn through the therapy process. My approach is derived from Milton H. Erickson's brief psychotherapy, Joseph Wolpe direct and indirect behavior therapy, B.F. Skinner behaviorism and cognitive-behavioral therapy formulated by Drs. Aaron Beck and Donald Michenbaum. These are well established, researched and respected therapies. You are encouraged to become knowledgeable about goals, methods and effectiveness. If we are to work together, we will need to specify goals, benefits of treatments and other aspects of your particular situation.

As with any intervention, there are both gains and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be a worsening of circumstances or even a loss. For example, counseling will not necessarily keep a marriage intact.

Clients I work with are psychologically and emotionally “healthy” and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available. I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping adults with marital and personal issues, young adults with relationship issues and anxiety, and individuals who have experiences significant losses. When necessary I work closely with private care providers if medication is needed.

You normally will be the one who decides therapy will end with these exceptions. If you have contracted for a specific, short-term piece of work, we will finish at the end of the contract. If, in my judgment, I am not able to help you because of the problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to another professional who may meet your needs. Services neither include testifying in a court room, nor reports to/for attorneys. By accepting treatment you specifically agree not to request such services.

CONFIDENTIALITY

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how information will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations and my records, is a privilege of yours and is protected by state law as well as my profession’s ethical principles in all but a few circumstances. There are three circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) when I believe you intend to harm yourself or another person (2) when I believe a child or elderly person has been or will be abused or neglected (3) WHEN YOU ELECT TO USE YOUR INSURANCE. In rare cases professional counselors can be ordered by a judge to release information. Otherwise I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and usually a signed release of information.

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

LENGTH OF SESSIONS

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are the therapeutic hour, which is forty to fifty minutes in length. Longer sessions may be scheduled. We will schedule our sessions upon mutual agreement. **If you are unable to keep an appointment please call to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you personally will be responsible for paying for the session that you missed. YOUR INSURANCE DOES NOT COVER THOSE APPOINTMENTS.** Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best results for you.

FEES/METHODS OF PAYMENT

In return for a fee of \$150.00 for initial session and \$125 per session thereafter, I agree to provide professional, confidential counseling services for you. Payment for each session is expected at the conclusion of each session. Cash, personal checks or credit cards (MasterCard/Visa/Discover/AmerExpress) are accepted for payment unless you are using insurance. Your deductible, copay and any missed appointments not canceled 24 hours in advance will be your responsibility for payment at time of your appointment.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you have any questions, feel free to ask. PLEASE REVIEW, SIGN AND DATE THIS FORM. This form will be retained with your confidential record.

The client acknowledges that he/she has read and understands the nature of the services to be provided and/or the instruction to be rendered, and hereby consents to participate in the techniques and therapy in proactive, goal-oriented sessions.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE TERMS OF THIS CLIENT DISCLOSURE STATEMENT.

SIGNATURE DATE

Name (please print) _____

Address _____

Phone (Home) _____ (Cell) _____

Client Skype Name _____ (provider skype name is dr.karnoff)

SIGNATURE DATE