

**Melissa S. Soule**  
Good for the Soule Counseling and Educational Consulting  
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Phone: (843) 695-7088

**Professional Disclosure Statement  
Information and Consent**

Thank you for choosing me as your counselor. I am honored to have this opportunity to work with you and your family. I encourage you to take the time to review the following information for a better understanding of what to expect in our professional counseling relationship.

This document is to inform you about my background, our professional relationship, your rights as a client, as well as policies and procedures. Please share any expectations and/or concerns that you may have at any time while we're working together. Open communication is a key factor in the success of the therapeutic process, so please do not hesitate to ask questions. If you believe that therapy is not proving helpful, you have the right to terminate services. I am happy to provide a list of referrals to other treatment providers if you would like to seek help from someone else.

**Education and Experiences**

I currently hold a Master's of Arts in Counseling (MA) from Wake Forest University (May 2022). I also hold a Master's of Science (MS) Degree in Curriculum and Instruction as well as Adolescent Literacy from Concordia University (awarded 2014). My two decades as an educator combined with my training as a counselor have given me a unique insight into an area of children's and adolescents' lives that many parents and adults do not normally understand or get to witness.

**The Therapeutic Process**

Therapy is a process of solving emotional problems with a person who is professionally trained. Therapy can help you achieve clarity, insight and problem-solving skills you need to attain a more fulfilling life. Therapy is tailored to the individual needs of the person seeking help. It is very important that we establish clear goals within the first several sessions so that we can see your progress and success depends on these goals that we will review regularly. It is important to note that working towards these goals is a collaborative process. As a therapist, I am here to support, encourage, and suggest ways in which you can successfully reach your goals, however you are the only one who can actually make the changes that will need to be made to be part of achieving greater emotional health.

It is important for you to know that therapy has risks. Dealing with life's difficulties can make a person feel worse in the moment. It is my sincerest hope to help you and your family meet your goals as quickly and effectively as possible. Your involvement and promptness for these sessions will allow you to take full advantage of these appointments.

**Professional Services**

My services include individual, couples, family, and group counseling with children, adolescents, and adults. My therapeutic approach is multi-faceted and targeted to the individual

needs of each client. I may utilize a variety of theoretical frameworks and therapy techniques such as cognitive behavioral therapy, person-centered therapy, solution-focused therapy, family systems work, art and play therapy, as well as behavior modification and parent educational plans. If for any reason I do not believe I have the experience or training necessary to work with your particular situation, I will refer you to another mental health professional that is prepared to work more effectively with your presenting concerns.

### **Fees**

Initial Intake Session - \$50

Individual 45-minute Counseling Sessions - \$50

Couples 45-minute Sessions - \$85

Family 45-minute sessions - \$125

Parent Advocate 45-minute session- \$100

Educational Consulting 45-minute session- \$100

\*Payment in the form of Venmo or cash in exact amounts is accepted

\*Counseling sessions are being offered at a reduced rate while licensure is being sought



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- Once licensure has been awarded, fees will increase to \$100 for individual sessions.
  - Clients will be notified once licensure has been awarded and will have TWO sessions to transition to the new fee schedule after receiving written notification
- Payment is due at the end of each session
- A Good Faith Statement is available upon request
  - A statement of good faith **implies the parties involved in the contract will avoid acting in a dishonest manner or do anything that will intentionally prevent the completion of a contract.**

### **Cancellation Policy**

If you miss your scheduled appointment and you have not notified me at least 48 hours in advance, you will be charged according to the fee schedule above.

### **Confidentiality**

Protecting your confidentiality is very important to me and is important to the success of therapy. Your case records will remain safely locked at all times and will not be disclosed to anyone, including another professional or family member, without your express written consent.

As your therapist I will not disclose confidential information about you or your family to anyone else except in the following situations:

- **Abuse of Children or Elderly Persons:** If a mental health professional reasonably believes that a child under the age of 18 or an elderly person is being abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.
- **Imminent Harm to Self:** If a mental health professional reasonably believes that you are in imminent danger of physically harming yourself (including significant alcohol and/or drug abuse) and if you are unwilling or unable to follow treatment recommendations, s/he may have to make an involuntary referral to a hospital and/or contact a family member or other person who may be able to help protect you.
- **Imminent Harm to Others:** If a mental health professional reasonably believes that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, and if s/he believes you are an actual threat to the safety of another person, s/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions).
- **Peer Supervision:** In order that I may provide you with the best services possible, and in accordance with professional ethics, I may, at times, participate in peer supervision/consultation with other Licensed Professional Counselors (LPCs) so that I may receive feedback about treatment strategies and other ways in which I may be most effective as your counselor. Please note that even in these colleague consultations, I will not reveal your identity without your express written consent.
- **Court Order:** In rare circumstances, Professional Counselors can be ordered by a judge to release information regarding treatment, diagnosis, and history.
- **Unpaid Balances:** In situations where a client maintains an unpaid balance on their account without having made special arrangements, the account will be turned over to the Credit Bureau, resulting in identification as a client.
- **Insurance:** Basic demographic information, dates, and types of services, as well as a diagnosis may be submitted to insurance companies for billing purposes

### **Dual Relationships**

Therapy is psychologically intimate, but our relationship is professional, not social. It is not appropriate to extend social invitations or gifts to me or ask me to relate to you in any other way outside the professional context of our therapy. These limits are designed with your welfare in mind. This also allows for all efforts to be directed toward your therapeutic concerns only. In addition, because we often live in the same community, if I see you in a public setting, I will not acknowledge you unless you first acknowledge me. I think it is best that any public discussion be kept to polite interactions. Please do not take offense and know that this policy is an extension of my respect for you and my desire to protect your confidentiality and preserve the integrity of our therapeutic relationship.

In this same vein, I do not accept friend requests from any current or former clients on any social media platform as I believe it could compromise confidentiality and privacy, both of which are essential to a positive therapeutic relationship.

In the interest of maintaining confidentiality, I do not text clients and prefer to use email on a limited basis, as it is not a completely secure or confidential means of communication. You should know that any emails I receive from you and any response I send become a part of your medical record. Therefore, I limit contact with clients to counseling sessions and limited communication by phone and email related solely to therapy.

### **Length of Sessions/Missed Appointments and Cancellations**

Services will be provided in a professional manner consistent with accepted ethical standards. Sessions are a minimum of 38 minutes and can extend as far as 55 minutes in duration and will be scheduled at mutually agreed upon times.

If you must cancel your appointment, please do so promptly so that your appointment time may be given to someone else. There is no charge for cancellations if given at least twenty-four (24) hours in advance. **For cancellations made within 24 hours of the appointment, you may be charged. FOR A MISSED APPOINTMENT THAT IS NOT CANCELLED, A FULL CHARGE IS MADE.** Insurance companies do not reimburse for missed appointments. If no one is available at (843) 763-5837 to take your call, please leave a message on our 24-hour voicemail. A recurring problem with “no shows” and/or nonpayment for services may result in termination of services.

### **Therapist Cancellations/Vacations/Client Emergencies**

I make every effort to inform you of the necessity to cancel an appointment as quickly as possible. Inclement weather, illness, or other emergencies may necessitate rescheduling. Every effort will be made to reschedule as soon as possible.

I will inform you at least one week (seven days) in advance of scheduled vacations. When I am out of town or otherwise unavailable, you may leave a message at (843) 763-5837 (office). If you have a severe crisis and are unable to contact me, please call Charleston Dorchester Mental Health at (843) 852-4100 (during business hours), (843) 414-2350 (after hours), or the Charleston County Emergency number (911). If you are outside of Charleston County, please call 911.

### **Use of Mind-Altering Drugs or Alcohol**

No smoking is allowed in the building. Please do not appear for a session under the influence of any mind-altering drugs, including alcohol. Should the situation occur, the therapy session will not take place and you will be charged in full for the session. Such an occurrence may be considered grounds for termination of therapy.

### **Complaint Procedures**

If you are dissatisfied with any aspect of your counseling with me, please inform me immediately. If you think you have been treated unfairly or unethically by me or any other counselor and you have been unable to resolve the problem by speaking with me first, you can

contact the South Carolina Board of Licensed Professional Counselors with any issues: By mail :  
110 Centerview Dr, Columbia, SC 29210 Phone: (803) 896-4658 Email: [Counselor@llr.sc.gov](mailto:Counselor@llr.sc.gov).

To indicate that you have read and understand the information presented to you, please sign and date this form in the space provided below. A copy for your records will be returned to you, and one will be kept by this office in your confidential records. Additionally, your signature below confirms that you have a copy of Patient Rights & Responsibilities which is located on the back of this statement.

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Printed name of client or child

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Date

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Signature of Client or Legal guardian

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