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Ashley Bonomo
Counseling Intern

COUNSELOR'S PROFESSIONAL DISCLOSURE STATEMENT AND CLIENT'S INFORMED CONSENT

BACKGROUND OF CLINICIAN

EDUCATION AND CREDENTIALS
I am currently pursuing my Master of Arts in clinical mental health counseling at Colorado Christian University. I am currently being supervised by Galina Olivera-Celdran, PhD, LPCS and she can be contacted at the address and telephone number above.

COUNSELING EXPERIENCE
I have over 6 months of previous counseling experience as an intern. I have worked with adults in an individual and group therapy setting. I have worked with substance abuse, anxiety, depression, sexual abuse, trauma, schizophrenia, OCD, personality disorders, and more.

COUNSELING APPROACH

I believe counseling is a collaborative process by which we work together through any obstacles limiting your personal growth. I am passionate about helping you work through these obstacles. When working with clients, I predominately use Cognitive-Behavioral Therapy and trauma-informed therapy in collaboration with Scripture and Christian theology. Together we can work toward identifying beliefs and behaviors to attain your goals.

CLIENT POPULATIONS
Initially, I will agree to meet with a potential client regardless of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socio-economic status. I may decline meetings with a client if I feel, in my professional opinion, that I cannot help them or if they would be better served with the services of another professional. If a referral elsewhere is needed, I will provide information regarding services for the client's consideration.

CONFIDENTIALITY
I will protect the confidentiality of information received in our counseling relationship as specified by federal and state laws, written policies and ethical standards. For any of the following matters, legally and ethically, I may break confidentiality and involve others who can help:

A. If mandated by a court of law,
B. If disclosure is required to prevent clear and imminent danger to yourself and/or others,
C. If I am made aware of potential or actual occurrence(s) of physical/sexual abuse of minors, persons with disabilities or senior citizens.

Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken. In the event the client is a minor, parents or legal guardians may be included in the counseling process as is appropriate, however measures will be taken to safeguard confidentiality, always acting in the best interest of the client.

I may converse with other counselors/therapists in peer and supervisory consultation situations, without revealing your identity, to improve the quality of your treatment. If you choose to use insurance or managed care companies, I may be required to release confidential information in order for you to receive reimbursement. This information will be released to insurance with your prior written consent and may include diagnosis and treatment goals.

It is important for you to know that it will be necessary to record our sessions through a voice or video recorder in order to aid my supervisor in his/her efforts to enhance my skills and to assure that you receive appropriate care. Once the sessions are shared, the recordings will be destroyed. By signing this document, you are agreeing to allow the recording of sessions.

LENGTH OF SESSIONS

Counseling sessions are designed to last 53-55 minutes. It is possible to adjust the length of a session if necessary and should be agreed upon in advance. If, for any reason, you are unable to keep an appointment, you must contact our office to cancel or re-

schedule at least 24 hours before the scheduled time. You may call and leave a message with the staff or on the voicemail system.

FEES/METHOD OF PAYMENT

The leadership of Agape Christian Counseling determines the counseling fee structure. Clients may use their insurance if applicable. A receipt of full payment may be requested for submission to client's insurance company for appropriate reimbursement. Counseling fees are accepted in the form of cash, check, debit or credit card and the fee is collected at the beginning of each counseling session. Checks are made payable to "Agape Christian Counseling." Please note that if your check is returned for insufficient funds, you will be responsible for the bank charges incurred by us.

The standard rate for a Counseling Intern is attached Additional charges may be incurred for telephone calls exceeding 10 minutes and for indirect services (court/school letters, court appearances, outside professional consulting, etc.). If you are facing financial hardship, please bring this to my attention so that we can discuss possible options.

At least 24-hour advance notice is required for any cancellation. The full fee will be charged for a missed appointment.

IN CASE OF EMERGENCY

If you have an urgent situation that you feel needs immediate support and I am not available in my office or by phone, please contact one of the following: your primary care physician, go to the nearest hospital emergency room or call 911.

INSURANCE PROCEDURE

As a counseling intern, I am unable to accept insurance.

SOCIAL MEDIA/E-MAIL/SEARCH ENGINES

Social media is neither private nor confidential, so our therapists do not accept (or seek out) "friend" requests or "follow" any current or former clients on any social media platforms. We will also not engage you in any public forums over the Internet. To do so would blur the professional nature of our relationship and could compromise the privacy that we seek to guard. We will also not seek testimonials from current or former clients, including reviews on various web-based search engines. But we urge you to guard your own privacy as seriously as we take our commitment of confidentiality to you.

If you use location services on your cell phone or other mobile device, you should be aware that others may determine your location and the possible reason for being at our location.

E-mail, texting (SMS) or other electronic messaging should be limited to confirmation or cancellation of appointments, but note that these are not encrypted or secure and may not be received in a timely manner. The best method is to contact the office at the phone number listed above. Please do not send or forward unsolicited information, articles, websites, etc. to your therapist as this is also not secure and could become part of your medical and/or legal records. Our therapists, as a general practice, do not independently perform searches of you over the Internet.

REGISTERING A COMPLAINT

Although clients are encouraged to discuss any concerns with me or our Executive Director Galina Olivera-Celdran, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (http://www.counseling.org/Resources/aca-code-of-ethics.pdf). Clients may also register a complaint with: North Carolina Board of Licensed Professional Counselors, PO Box 77819 Greensboro, NC 27417. The telephone number is 844-622-3572 and the website is www.ncblpc.org.

ACKNOWLEDGMENT

I have read the above. I am informed about the policy regarding confidentiality of information I may provide during counseling and the limits of that confidentiality. With full understanding of these provisions, I give my informed consent to receive counseling services.

Client Signature:_____ Date: _____

2nd Client Signature:_____ Date: _____

Counselor Signature: _____ Date: _____