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Informed Consent and Professional Disclosure

Thank you for choosing Beautiful Dreamers. Your first appointment will take approximately 60-90 minutes. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, Virgin Islands and Federal Laws, and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

I, Dr. Constantin, am a Licensed National Certified Counselor (NCC). I earned a Bachelor of Science Degree from Buffalo State College in 2001, a Master's Degree in Student Personnel Administration in 2001, a PhD from Walden University in Specialized Education in 2012, and a Masters in Clinical Mental Health Counseling in 2017. I am a member of the American Counseling Association, American Psychological Association, and Chi Sigma Iota. I have clinical training and experience in treating adolescents, adults, and couples. I use a comprehensive model to meet the complex needs of clients using modalities of treatment with cognitive-behavioral therapy, dialectical behavior therapy, solution focused therapy, and person-centered therapy techniques for successful outcomes.

Risks and Benefits to Counseling: Counseling can lead to better relationships, improved mood, and improved daily functioning. Counseling can lead to a reduction in feelings of distress, problematic behaviors, and negative thinking. It may help you to resolve things that are distressing you or your family. At times, counseling may bring up uncomfortable feelings. You may experience feelings including anger, frustration, sadness, and confusion. Counseling is best understood as a process and progress takes place over time. Treatment can involve weekly to bi-weekly sessions for a short period of time or up to several months or longer.

Confidentiality and Emergencies: Your verbal communication and clinical records are strictly confidential except for the following reasons: (a) Information shared with your insurance company to process your claims (b) information you and/or your child(ren) report about physical or sexual abuse or neglect toward children, elderly, or disabled persons [*and if so, I am required by law to report this to the Department of Social Services*] (c) you signed a release of information to have specific information shared with another person or agency (d) if you provide information that informs me that you are in danger of harming yourself or others (e) information necessary for case supervision or consultation (f) when required by law.



*If an emergency arises for which the client or their guardian feels immediate attention is necessary please my cell phone (340-473-5147 for Dr. Constantin) and leave a message. If you receive no response from me within 10 minutes, the client or guardian understands that they are to contact the local emergency services in the community or 911. I will follow those emergency services with standard counseling and support to the client or the client's family.

Email and text messages cannot be guaranteed to be confidential.

Mobile Phone Use: Cell phones can be very distracting during counseling or therapy. Please turn off your cell phone during our sessions or leave it in your car. There are exceptions to this policy, for example, if you are on call (Emergency Medical Technician, firefighter, law enforcement, physician, etc.) or if you have children you need to check on, you may keep your phone on with you.

Financial Policy: *You are responsible for paying your bill in full and in advance based on the terms of the agreement.* I provide counseling services on a sliding scale rate for individuals who have no insurance or are experiencing financial difficulty (supporting documentation must be provided). I accept payments via flex cards, paypal, checks, or cash. Signing this document grants us the ability to bill your insurance company.

Court Appearances

If you request or subpoena me to court for expert testimony or report of counseling, I require payment at the regular rate of \$80 per hour. *Please be prepared to pay in advance.*

Signature _____ **Date** _____

Cancellation policy: If you need to cancel/reschedule an appointment, *please* give one business day notice. PLEASE NOTE: *If you do not show up for a scheduled appointment, you may be billed for the appointment, depending on the circumstances.*



Appointment Reminder Service: I offer clients an option of signing up for reminders for upcoming appointments. Please indicate your preference regarding appointment reminders:

___ Please do not provide me with appointment reminders.

___ I would like appointment reminders.

Phone calls/texts to the following number: _____

Notice of Privacy Practices and Client Rights:

I have read and I understand the above information. I have been given the opportunity to ask any questions and agree to follow these guidelines accordingly. **You may have a copy of this form if requested.**

Signature of client (or legal guardian of client)

Date

Dr. Vincentia Paul-Constantin, PhD

Date