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Disclosure Statement

Welcome to my practice. Healing relationships are based upon clear boundaries and trust. Please carefully review the following information since it is the foundation on which the counseling relationship will be built. I believe that it is important for you to have the information necessary to understand the professional therapeutic relationship

Education and Experience: I received my PsyD (Doctor of Psychology) degree from Regent University in 2002. I completed both an internship and residency at Christian Psychotherapy Services and have been practicing as a Licensed Clinical Psychologist since 2004. I also hold licenses as a Licensed Professional Counselor and a Licensed Marriage and Family Therapist, which were obtained in 1996 and 1998, respectively. I supervise both masters and doctoral level students who are in internship and residency and teach as an adjunct faculty member at Regent University.

Therapeutic Orientation: Every attempt will be made to match the counseling approach to your specific needs. During the initial visits information is gathered to identify problems and discuss treatment goals. Assessment may include questionnaires and psychological testing. After the assessment is complete a decision will be made about whether your needs can be best met by myself or an outside referral.

My orientation to counseling is influenced by several assumptions. For one I assume that we are all relational beings and that relationships are the key to overcoming most psychological problems. The therapeutic relationship is very important, as well as the family you may live in now or lived in growing up. I also believe that making change involves exploring emotions, thoughts and behaviors with good insight into where they came from in your life. I assume we are all spiritual beings and that finding our purpose in life is important. Psychologists would call this approach "eclectic" meaning I draw from several theories including emotion-focused, cognitive behavioral, existential and interpersonal. Each of these approaches to treatment have been tested in psychological research studies with strong support for their efficacy for most psychological problems.

As a result of being in therapy you may remember unpleasant events, arouse intense emotions, and/or alter close relationships. Please be aware of this risk.

I respect the beliefs of all my clients. At the same time the direction given is clearly influenced by both my Christian faith and psychological theory. If your core beliefs differ from mine please discuss this with me. Please feel free to share any concerns and ask questions about any aspect of the counseling process including treatment approach, progress, and the termination process.

Course and Termination of Treatment: The amount of time required to treat psychological and spiritual concerns will vary depending on the severity and the conflict underlying the presenting symptoms.

All Clients are encouraged to stay in therapy until they receive help for the problems that they came in to solve. Please plan on allowing several weeks to work through termination issues once a decision has been made to stop counseling.

You have the right to terminate treatment if you feel that you are not making therapeutic gains or if you feel that counseling has helped you to solve the problems you came in for. I reserve the right to terminate treatment or cross-refer if I believe that it will contribute to the safety or benefit of the counseling process. It is important that you discuss thought of terminating treatment with me so we can work collaboratively toward a common goal.

Records and Confidentiality: I keep a record of the health care services provided. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. My staff handling financial aspects of the practice would have access to the financial aspects of your treatment. There are laws, under HIPAA, regarding your rights for records and confidentiality. I comply with HIPAA regulations and some information about HIPAA is available to you when you check in for your first appointment.

Some situations where the law allows disclosure of some information without the client's authorization are to other health care providers, to public health authorities, and to any other person requiring information for an audit, quality assurance, peer review, or administrative, legal, financial or actuarial services to the health care provider. The law requires disclosure of information pertaining to suspected child, dependent adult and elder abuse, inability to care for one's basic needs for food, clothing or shelter and threatened harm to oneself or others. If I am aware that you are HIV positive, I may be required by state law to report your HIV status to health authorities if you are recklessly behaving in ways that could spread HIV or if you require help in notifying past partners of their possible exposure to HIV. Courts may also subpoena records.

When a couple or family enters into therapy, information shared with me privately by one family member may be used at my discretion in work with the couple or family. If you choose to have a family member participate in therapy, either individually or conjointly, you voluntarily waive the right to confidentiality with them. While I am bound by ethics and law to protect confidentiality, others involved in your treatment (as in family, couples or group therapy) are bound by their word and trust. All of your records are kept in one folder, meaning that if you receive treatment in this practice from more than one therapist/healthcare provider then the providers will have mutual access to your record.

Insurance: I am on several managed care panels. Please be aware that managed care companies will pay only for treatment when there is a psychiatric diagnosis that they consider to be a “medical necessity.” Since all insurance companies are different I cannot guarantee that they will pay for your treatment. Many companies also have limits on the number of visits per year that the insurance will pay for. It is your responsibility to know the benefits and limitations of your insurance plan. You also agree to pay for all services provided even if for any reason a third party does not, including services which may be determined ineligible or not “medically necessary” by your insurance company or managed care firm, if contractually allowed. In the event of any dispute with your insurance or managed care company you agree to hold me harmless and not take action against me.

Fees: The standard fee is \$125 per 45-50 minute session (initial diagnostic interview is \$200 per 45-50 minute session.) Also, charges are made for procedures that are not covered by most insurance policies, including some testing, questionnaires, inventories, test scoring and interpretation, reviewing other records, report preparation, and extended phone calls. If my attendance is needed at meetings or conferences held at locations other than my office, charges will be made for travel time as well as the time spent in conference.

Charges may be incurred for requests of client records. The fee may be required prior to the release of the record.

Please discuss any financial concerns *before* they result in high costs that may cause you to consider stopping counseling. There may be options for funding your treatment that you have not considered. There is a charge for returned checks. Accounts not paid according to the guidelines above are both a business and a therapy concern. The practice has the right to take unpaid bills to collections. If payment is not made as agreed upon, there may be some anxiety or discomfort that can decrease the effectiveness of treatment.

Emergencies: If you have a psychological emergency while you are receiving treatment at this practice, or someone in your care is unsafe, it is usually most appropriate to call 911 to receive assistance.

Cancellation Policy: Please note that **I am not able to offer refunds for scheduled appointments canceled for any reason less than 24 hours in advance.** Please make every effort to let me know well ahead of time if you cannot come in for your regularly scheduled appointment. If you are unable to give 24-hour notice please be prepared to pay for the missed visit at your next session. The current cost of a session canceled less than 24 hours in advance is \$45.

