

PROFESSIONAL DISCLOSURE STATEMENT

Harmony Haven Counseling, LLC & Hope Counseling Center, LLC

Stephanie A. Jones, LPC

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Welcome, and thank you for allowing me to take part in your life's journey. Taking that first step to seek support can feel overwhelming, but you're not alone. I'm here to provide a safe and understanding space for you to explore your feelings. Whenever you're ready, I'm here to support you on your journey toward healing. Your well-being is my priority. This statement will inform you of my background, counseling approaches, and your rights. This disclosure statement is mandated by The Counselor, Social Worker, and Marriage and Family Therapist Board Which regulates all licensed and registered Counselors and Social Workers.

Education, Experience and Membership

- Ashland Theological Seminary - M.A. Clinical Mental Health Counseling (2023)
- Ashland Theological Seminary - Clinical Course Work Training & Education (2020-2023)
- Counseling Academic and Professional Honor Society International (Chi Sigma Iota) member of the Ashland University Alpha Tau Sigma Chapter (2021 to Present)
- The National Child Traumatic Stress Network (NCTSN) - Certificate of Achievement for the Psychological First Aid (PFA) Course – (2022)
- American Counseling Association (ACA) member – (2021 to Present)
- Saving Your Marriage Before It Starts (SYMBIS) Certified Facilitator – (2018 to Present)
- Marriage Mentoring Academy – (Marriage Mentor Certification) Dr. Les & Leslie Parrott (2024)
- GriefShare through Church Initiative- Certified Grief Support Group Facilitator – (2019 to Present)

- Pastoral Counseling – (2000 to Present)
- Licensed Professional Counselor -(C.2405895) Approved by the Counselor, Social Worker, and Marriage and Family Therapist Board (2024)

Counseling Philosophy and Services

Harmony Haven Counseling is where therapy embraces your whole self. Through a blend of approaches, including Cognitive Behavioral Therapy (CBT), we'll work together to address negative thinking patterns and empower you with coping skills. Counseling here is a partnership — your needs are central, and your choices respected. You're in control of your journey towards healing and growth. My counseling services address concerns or issues including, but not limited to:

- *Couples and family concerns such as: conflict resolution, boundary setting, intimacy, sex, attachment, and communication difficulties.*
- *Individual therapy*
- *Depression and anxiety*
- *Clinical mental health diagnosis*
- *Treatment and diagnosis for mental and emotional disorders*
- *Psychoeducation/guidance for adolescents*

*and adults •Shame, self-esteem, negative self-talk and self-image •Wellness, spirituality, and mindfulness
•Grief, loss, and trauma •Career development*

Records & Confidentiality

All your communication including diagnosis, becomes part of the clinical record, which is accessible to you upon request (unless doing so would be psychologically harmful). I will keep anything you say to me confidential; however, there are specific exceptions to confidentiality ethically bound to break confidentiality in situations of:

- You direct me to tell someone else via a Release of Information (ROI) form.
- Harm to oneself (suicide) or others (violence/homicide)
- Suspected or made aware of physical/sexual abuse/neglect to a child, elder, or disabled individual.
- Counseling of a minor for whom confidentiality is limited to the extent exercised by your parent/legal guardian.
- When discussing your case with a counseling supervisor or collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care. In rare instances where a court may subpoena records, or if you initiate legal proceedings, it may be required to release confidential information.
- In instances of group counseling. I cannot guarantee confidentiality from other group members. However, I will do everything I can to ensure all group members understand confidentiality via this informed consent.

Fees, and Appointment Information

Sessions are weekly and all fees, copays, deductibles and/or your personal contribution amount are expected and due before the start of your session. Failure to pay your owed balance may result in delay or denied services. If you anticipate a problem in paying your balance, you **MUST** speak with me **prior to your session** regarding your situation to avoid additional fees.

The standard rate for individual counseling services is \$130/hour and services are by **appointment only**. Your diagnostic/intake session can be expected to last 90 minutes and will be billed or self-paid at the rate below. Standard sessions are based on a 55-minute hour and include the time on your behalf for record keeping, scheduling and other related tasks. *Please note: All Rates are subject to change.*

- Consultation, which includes general discussion about what to expect during the therapeutic process (15 minutes) - FREE
- Diagnostic/Intake session (first 90-minute session) - \$170.00
- Individual counseling (55-minute session) - \$130.00
- Couples Counseling – (90-minute sessions) - \$185.00
- Tele-sessions via phone or video will be billed at the individual counseling rate.

Note: **After 2 No-Shows** (missing scheduled appointments without appropriate prior 24 hour/4-hour minimum notification, you may be required to pay a **\$50 No-Show Fee** before you are able to be scheduled for another appointment. I value your time and ask for you to do the same.

If the financial cost of services would prevent you from getting the help that you need, please discuss this with me and receive a **Fee Hardship Agreement**. Difficult times happen to us; therefore, we will space out your *8 sessions.

**Pro bono & hardship clients will cap at 8 sessions/weekly, biweekly, or monthly. After the 8th session, we will meet to reassess your financial situation.*

Insurance

It is your responsibility to check on your insurance coverage for behavioral health services and whether I am a contracted provider with your insurance company. The customer service number on the back of your insurance card will give you access to this information. My office will file claims on your behalf with your insurance provider and you will be responsible for all required copays and deductibles. If my counseling facility is not a provider for your insurance company, your amount due is as stated under Fees or according to your Fee Hardship Agreement. Please keep in mind that I am contracted through Hope Counseling Center; therefore, this is who your insurance claims will be processed through. The following insurances are in Network: ***Aetna Better Health Ohio, Anthem Blue Cross Blue Shield Ohio, Buckeye Ohio Medicaid, CareSource Ohio Medicaid Cenpatico Behavioral Health Ohio, Cigna, Cigna Behavioral Health, Medical Mutual of Ohio, Molina Ohio Medicaid, Mutual Health Services, Ohio Medicaid, and UnitedHealthcare Community Plan Ohio.***

Phone Calls

My counseling facility is **NOT** a crisis intervention facility. If a life-threatening or crisis arises, please follow the steps outlined in the Crisis and Emergency Situations section. For all other phone calls, I will do my best to return them within 2 business days. Please understand this is not a guarantee.

Crisis and Emergency Situations

IF YOU FEAR YOU MAY BE AT RISK OF HARMING YOURSELF OR ANYONE ELSE, YOU SHOULD:

- 1.) Call 9-1-1, go to a local emergency room for treatment, or call the National (9-8-8) or Local (614) 221-5445 Suicide Prevention Services Hotline.
- 2.) Call Netcare at 614-276-2273

Important Note: Once the crisis or emergency has been stabilized, please make sure to inform me about the situation.

Referrals, Complaints, and Informed Consent

If for any reason you feel that I am not meeting your therapeutic needs, I encourage your feedback and will attempt to adjust my approach. If I am not able to resolve your concerns, I am happy to provide you with referrals to other counseling facilities or community resources. I am following the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board guidelines and abide by the ACA and NBCC Code of Ethics. If you feel that I am in violation of any of these codes, please inform me and my supervisor or file a complaint with the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board.

- **Clinical Supervisor, M.K. Kasberg, Supervising Professional Clinical Counselor (E.0501082 Supv) Hope Counseling Center at Center of Hope, 3964 E. Main Street, Columbus, OH 43213, Office (614) 252-2500, Email: kaykasberg@gmail.com**
- **STATE OF OHIO COUNSELOR, SOCIAL WORKER AND MARRIAGE AND FAMILY THERAPIST BOARD, 77 South High Street, 24th Floor, Room 2468, Columbus, Ohio 43215-6171, telephone: 614-466-0912, fax: 614-728-7790, email: cswmft.ohio.gov**

Acknowledgement of Informed Consent

By signing below, I acknowledge that I have had the opportunity to read, understand, and ask questions regarding the information contained within this agreement. I voluntarily give consent for counseling and accept responsibility for all required payments for services (unless otherwise specified).

Client Signature

Date:

Client Printed Name

Client Date of Birth (DOB)

Parent/Guardian Name and Signature (required if the client is under 18 years of age):

First Name

Last Name

Date:

This signed informed consent will be placed in your records for future reference purposes.