

Robin Woods, MSW, LCSW
Licensed Clinical Social Worker

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PROFESSIONAL DISCLOSURE STATEMENT

I am pleased that you have chosen me to be your therapist. This document is designed to inform you about my background and to provide you with information about my practice.

I am a Licensed Clinical Social Worker and hold a Master of Social Work with a specialization in mental health from Robert's Wesleyan College. I have been practicing in the field of social work since 1990. Throughout that time I have worked in group homes, shelters, community mental health centers, schools, medical and mental health hospitals, churches and in private practice. My focus has always been, and continues to be, helping individuals and families improve their functioning so that they can grow to their full potential and experience the quality of life they desire.

Therapeutic Services Offered

I provide individual and family psychotherapy to all age groups. My work with children almost always requires inclusion of the parents/caregivers in treatment. This requirement is based on my belief that parents can offer the therapist invaluable information about the child since they most often know the child better than anyone else. Also, I believe that the most progress can be made with children if their family is included in the process. This belief is based on a systemic approach to family treatment where each member of the family contributes to the function of the family and any change that affects one family member is likely to affect the other members as well. When working with children, my approach most often is to use play therapy. Initially, I use a non-directive approach and then move to a more directive approach.

When working with adults, I focus on talents and building strengths for meeting life's challenges. Relationships are a major source of strength and support. Psychotherapy can be a challenging process. Sometimes, clients feel their situation gets worse before it gets better. If either you or I, as your therapist, find that we are not a good fit I will assist you in finding another professional with whom you may find the help you need.

Theoretical Orientation

My theoretical orientation is Eclectic with emphasis on Cognitive-Behavioral/Solution Focused, Client Centered Theory, and Existential Theory. I believe that no single theory can effectively treat all the different emotional, behavioral, and mental health issues faced by clients. I take an eclectic approach to better meet each person where they are in their journey. As your therapist I will apply the best theoretical orientation based on your specific needs and issues.

INFORMED CONSENT

Counseling Relationship/Services

During the time together, we will meet weekly for approximately 45-60 minute sessions. A diagnosis will be used to help specialize your counseling treatment and will be placed in your counseling records. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to services through our therapeutic sessions and treatment team meetings. You will best be served if our sessions concentrate exclusively on your concerns. If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

Payments and Cancellations

Payments will be accepted in the form of cash, check, or credit card. I accept Medicaid and NC Health Choice. A sliding scale is available as necessary. Copayment/Payment is due at the time we render services. If you must cancel an appointment please notify the office at least 24 hours prior to the appointment. If you are late for the appointment the session will still need to end on time and you will be responsible for the full payment.

Fees charged for session are as follows:

Initial Assessment: 125.00

Individual Counseling: 90.00

Family/Couple Counseling: 100.00

Supervision for LCSW: 50.00

Effects of Counseling

At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These change my affect significant relationships, your school, job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Records and Confidentiality

All of our communication becomes part of the clinical record. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and by my profession's code of ethics, in all but a few circumstances. There are a few situations in which I cannot guarantee confidentiality: (1) when I believe you intend to harm yourself or another person; and (2) when I believe a child or elder person has been or may be abused or neglected. In some circumstances, therapists can be ordered by a judge to release information, or services may be court ordered. I will inform you in advance if this is the case. Other limits on confidentiality include the following: I may occasionally find it helpful to consult about a case with another professional. In these consultations, I make every effort to avoid revealing the identity of a client. The consultant is also legally bound to keep the information confidential. Disclosure required by health insurers or to collect overdue fees. If the child that I am treating is in the custody of Youth and Family Services they will expect updates on my work with the child and other family members involved in the treatment. I contract for accounting services. I have formal business associate contracts with these businesses in which they promise to maintain confidentiality. If you are between the ages of 14-18, please understand that while most of the specific things you tell me will be treated as confidential because that would assist in your treatment, your guardians do have the right to general information on some important life issues and on how our therapy is progressing so they can make informed decisions. We will address this together. In cases where I treat several members of a family (parents, children) as subgroups of the treatment unit, confidentiality can become complicated. If this arises you will be asked to sign a "no secrets" agreement. If you want me to send information about your therapy to someone else, you must sign a release. I will try to insure confidentiality when sending a fax, but errors are made for which I cannot be responsible. In an emergency, where your life or health is in immediate danger, I may release, to another professional, information that would protect your life, without your permission if necessary. If I do so, I will discuss this with you when possible afterwards.

Registering Complaints

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If you wish to file a complaint against a North Carolina Licensed Clinical Social Worker , you may do so by placing that complaint in writing and sending it to the NC Social Work Certification and Licensure Board, Post Office Box 1043 Asheboro, NC 27204. You may place your concerns in writing, citing the social work ethical code you believe to have been broken, and submit your letter to the board. For further information please refer to the website <http://www.ncswboard.org>.

By your signature below, you are indicating that you read and understood this statement, or that any questions had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client Signature

Robin Woods, MSW, LCSW

Date

Date