



Informed Consent Statement

Policies & Procedures

Lighthouse Therapy Solutions offers individual, couples, and group therapy. Michael Becker, M.Ed., LPC is the sole provider for services at Lighthouse Therapy Solutions. Lighthouse Therapy Solutions is **NOT** affiliated with any other service provider at this location. All questions and/or concerns that you have on services provided to you through Lighthouse Therapy Solutions need to be directed **ONLY** to Michael Becker. **Records:** As a client, you have the right to ask questions about your records. However, your records belong to Lighthouse Therapy Solutions. If you want your records sent elsewhere, please sign a release form.

When Entering the Office

Please remember to take a seat in the waiting area, which is located directly to your left after entering the front door of the building on the first floor. Your therapist will come down to the waiting area to greet you at the time of your appointment. This will ensure confidentiality and privacy for those who are in session before you and to minimize any potential for disruption of other clients sessions. We want to make sure everybody feels as comfortable as possible upon entering and exiting their appointments at LTS.

Benefits & Risks of Therapy

The therapeutic process offers the opportunity for resolution and growth. Growth and change however can feel painful and risky at times. Therefore, any questions you have about the therapeutic process will be answered at any time. Clients can withdraw their participation in counseling at any time; however, it is best to discuss this with me first. Sometimes, additional treatment services may be recommended as beneficial such as group work, psychiatric / medical consultations, testing or participation in a relevant workshop series. While some of these services may be simply recommended, others may be a condition of your continuation of services with me. **Couple Clients:** In couples counseling, information disclosed by one partner when the other partner is not present will not be kept confidential from the other partner as this is considered

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triangulating and is detrimental to the counseling process. Information disclosed in couple's therapy will not be released to other parties without signed consent from **both** partners.

Depositions & Court Appearances

Lighthouse Therapy Solution's policy is that affidavit information **is not provided for court proceedings involving divorce or child custody**. If a subpoena is issued, the client is responsible for the payment of \$600.00 **prior to the court appearance**.

Fees & Cancellation Policy

A 24-hour notice is required for cancellation or rescheduling of all appointments or full session payment will be charged to your card on file. Clients are responsible for contacting the office in the event they will be 15 minutes (or more) late for their session. If contact with the office is not made in the event that 15 minutes has passed from the start of the scheduled session time, this session will be counted as a no show and will be charged the appropriate late fee. Individual counseling sessions are 50 minutes in length and Couples Counseling sessions are 60 minutes in length. The fee is \$135.00 per individual session and \$160 for Couples Counseling sessions unless other arrangements have been made. Payment is due in full at the time of service. Lighthouse Therapy Solution's does not accept insurance. Lighthouse Therapy Solutions accepts SELF PAY only including cash, check, and credit/debit card.

Confidentiality/Rights of a Client & Duty to Warn

Health Insurance Portability & Accountability Act 1996 (HIPPA)

All information revealed by you in a counseling session and most information placed in your counseling/therapy file; all medical records or other individually identifiable health information held or disclosed in any form (electronic, paper or oral) is considered "protected health information" (PHI) by HIPPA. As such, your protected information **cannot** be distributed to anyone else without your expressed informed and voluntary written consent or authorization. The exceptions are listed below.

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Confidentiality may be breached under the following circumstances:

- If the client is danger to himself or others
- If the client request and signs a release form
- If the client raises the issue of his or her mental health in a lawsuit
- Physical or mental abuse or neglect of a minor or elderly person
- You are using your insurance to reimburse yourself or filing a claim by Lighthouse Therapy Solutions
- You are considered a threat to the community _____ (for all bullets above)

Out of Office Contact

In your best interest, and following the Code of Ethics for Counselors and Social Workers, your counselor cannot be your friend. They cannot see you socially or enter into any business or other relationship besides a therapeutic one; no matter how beneficial or rational it may seem at the time. Your counselor will never enter into, or pursue, a sexual relationship, as that would be highly unethical. **Public Encounters:** To protect your confidentiality, if we happen to see each other in public, I will follow your lead. If the situation would affect your confidentiality and you choose not to greet me, I will likewise conceal the fact that I know you and will certainly not be offended. If you choose to greet me, I will respond. If others ask how you know me, I will let you answer.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective

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privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Emergency Information & Phone Calls

To contact me, please leave a message on my confidential voice mail at (843) 410-9910. I check my voice mail regularly and I will return your call as quickly as possible. In case of after hours emergency or crisis or you cannot reach me, contact emergency services by dialing **911** or go to your local emergency room. **You can also call Mobile Crisis @ (843) 414-2350.** Lighthouse Therapy Solutions is NOT a crisis facility and will not be held responsible for any damages occurring as a result of unmet crisis.

My signature below represents that I have read, understood, and agree to abide by this agreement.

Signature of Client(s) & Date

Witness & Date _____

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S.C. Dept. of Labor, Licensing and Regulation P.O. Box 11329 Columbia, S.C. 29211 (803) 896-4664 page 2 of 2

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