

Beth Matenaer, LPC

1060 A Cliffwood Dr Mt. Pleasant , SC 29464

Tel: 843-696-6127 Fax: 843-278-7769

[bethatppc@gmail.com](mailto:bethatppc@gmail.com)

Professional Disclosure Statement and Consent for Treatment with Beth Matenaer, LPC

The majority of this document is mandated by both South Carolina State law and Public Law 104-191: it is provided for your protection. I, Beth Matenaer, have tried to anticipate the risks that you may face as a result of being in therapy as well as being made aware of information of which you need to be clearly informed. If you have any questions regarding any documents that you have received please feel free to discuss them with me.

**Informed Consent:** You will be asked to sign the last page of this document. Your signature verifies that you have been given this document, are clear about your HIPPA rights, and that you consent to treatment with Beth Matenaer. It also acknowledges that you are aware of the following:

- \* Beth Matenaer is not available 24 hours a day. If you are in immediate danger you need to go to your nearest emergency room or call 911
- \* Beth Matenaer is not a physician and can NOT prescribe medications
- \* Beth Matenaer may need to consult with your physician, attorney, or other counselor
- \* Appointments may be cancelled prior to 24 hours before session without a charge, However, if you cancel in less that 24 hours there will be a charge for the session
- \* Treatment is not always successful and may open unexpected emotionally sensitive areas
- \* Beth Matenaer is licensed through the SC Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists: This board is located in Columbia, SC (803)896-4652 PO Box 11329 Columbia, SC 29211-1329

**Ethics:** I follow the Code of Ethics of the following organizations:

- \* The South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists
- \* The National Board for Certified Counselors

Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

**Confidentiality:** The information that you share with me is generally considered confidential by SC statue law and regulations. Your therapy file CAN be requested by subpoena in SC through a court order (signed by a judge) but is considered privileged in the federal court system. I *am mandated* by state and federal regula-

tions \_though duties to warn/protect- to breach confidentiality if discover: 1) you are threatening to self-harm or suicide; 2) you are threatening to harm another or commit homicide; 3) a child has been or is being abused or neglected ; a vulnerable adult has been or is being abused or neglected; and/or 5) you have broken or intend to break a law or laws. Finally, if you wish your protected health information (defined by HIPPA) released to someone 1. Psychiatrist, Physician) you must sign a specific *Release of Information*

**Fees:** It is customary to pay for professional services at the time that they are rendered. The fee for the initial intake session is \$95.00 and generally lasts an hour. If the session runs over the hour you will be given the choice to continue the intake and be pro-rated for the time or set up an additional intake to complete the intake process. The fee for individual, couples and family therapy is \$95.00 per session and generally lasts for 50-60 minutes. I do NOT currently accept insurance as a method of payment. However, you can file for out of network services with your provider and potentially be reimbursed some percentage of the session (depending on your healthcare plan). I will provide invoices in order to do this *per client request*.

\* All crisis calls lasting longer than 15 minutes will be billed at a rate of \$25 per 15 minutes.

**Availability and Contact:** As stated earlier in this document I am not able to be available 24 hours a day. I strive to be as responsive as possible and to help meet the individual needs of my clients in a reasonable amount of time. Please allow up to 24 hours for return phone calls. Currently I am available by phone/voicemail Monday- Friday from 9 a.m. to 5:30 p.m.

**Email:** Many clients will use email as a way to communicate information to me prior to or in between sessions. Please be aware that the internet is not always 100% secure and that everything written in emails remains in your files. If you would like a response to an email sent please type PLEASE RESPOND at the bottom of the message and I will get back to you at my earliest convenience. Otherwise, I will read it and then place it in your file.

**Texting:** Texting can be useful for scheduling or rescheduling appointments when needed. However, please either call/voicemail me or email if there is more detailed information of which I need to be aware.

*\*Reminder: All technology is not 100% reliable. If you feel like either your safety or the safety of a loved one is at risk you need to immediately call 911 or go to the nearest emergency room as your FIRST resource!*

**Personal Qualifications and Services:** I provide a number of therapeutic services including therapy for adults, children, adolescents and families. I received my Bachelors Degree in Human Development at Eckerd College in Ct.Petersburg , FL in 1997. I completed my Master's Degree in 2001 in Applied and Counseling Psychology from Antioch New England Graduate School in Keene, NH.

My credentials are listed below:

\* South Carolina Licensed Professional Counselor

\* EAGALA (Equine Assisted Psychotherapy) Therapist

Professional Disclosure Statement and Consent for Treatment with Beth Matenaer, LPC

I acknowledge that I have received and read Beth Matenaer’s Professional Disclosure Statement and Consent for Treatment. I further acknowledge that I seek and consent to treatment with Beth Matenaer, LPC. My signature below confirms that I understand and accept all of the information contained in the Professional Disclosure and Consent for Treatment Document.

\_\_\_\_\_

Signature of Client

\_\_\_\_\_

Date

\*\*\*\*\*

Additional Signatures of Family Members or Spouses/Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Initial here to acknowledge that you chose to represent the family/partnership and are responsible for relaying the information contained in the Professional Disclosure and Consent for Treatment document to all parties engaged in treatment.

