

Lucius Fishburne MA LPC NCC Informed Consent 2018

Welcome

I am pleased that you have selected me as your psychotherapist. I am Lucius Fishburne. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

My Training

I have a Bachelor of Arts degree from the University of the South at Sewanee, Tennessee and a Master of Arts degree in Counseling from The Citadel in Charleston, S.C., and Webster University in Myrtle Beach, S.C.. I am a National Certified Counselor (NCC) and a Licensed Professional Counselor (LPC) in the state of South Carolina. I am a Certified Imago Therapist. Imago is a powerful communication skill for couples in distress. There is no advice given on my part. I sit as a facilitator and coach a communication skill that dissolves defensive reaction so that couples can speak to each other as adults, i.e. that each person is afforded the right to be heard, validated and empathized with. For more information go to www.imagorelationships.org. Further, I am an Advanced Certified Relapse Prevention Specialist in the Terrence Gorski modality of addictions relapse prevention. I was a professional alcohol and drug counselor in an inpatient and outpatient setting for five years. I have been a psychotherapist in private practice since 2008. My therapy practice is limited to adults.

My Approach

I accept in my private practice only clients who I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few therapy sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control and may end our therapy relationship at any point. I will be supportive of that decision. If therapy is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our therapy sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your therapy experience. However, it is important for you to remember that you are experiencing me only in my professional role.

Psychotherapy

Essentially “talk” therapy, the therapist and client sit face-to-face. The therapist provides a safe, compassionate and authentic presence while the client shares problems. In fact, most people face a common situation, where there is some level of discontent and a sense of confusion regarding how to find the source of true happiness within the complexity of living in a modern world. A frequent response is to try to overcome unhappiness by seeking material solutions outside of ourselves. In reality, the key to true peace and happiness for our inner selves, as well as in the world, lies within our own hearts and minds. All human beings contain the potential to generate compassion and gain wisdom, uncovering the true peace and wisdom that lies within. It is simply a matter of cultivating that potential – nurturing it, developing it, and implementing it in one’s daily life. This is the purpose of my counseling practice: to help clients nurture, develop and implement compassion and peace within and bring that into daily living.

Confidentiality & communication concerns

I will keep confidential anything that you say to me with the following exceptions: (1) you direct me to tell someone else, (2) I determine you are in danger to yourself or others, or (3) I am ordered by a court to disclose information.

Professional Fees and Policies

I agree to provide counseling services to you at my office located at 108 South Walter St, Walterboro, S.C. My normal fee is \$150.00 for a 90 minute Imago session and \$90.00 per hour for individual sessions. However, reduced fees can be arranged for clients with financial considerations. Cash and personal checks are acceptable for payment. If paying by check, please prepare the check prior to the session. Upon request, I will provide you with a receipt for all fees paid. If you would like to request additional telephone or email contact between sessions, I can provide this service in exchange for an additional hourly fee. In the event you are unable to keep an appointment, you must notify me 24 hours in advance.

If I do not receive such advance notice, you will be responsible for paying for the session you missed. Please do not ask me to give you my time for free. If you are late for a session, I will provide therapy to you in the time remaining. Your late arrival will not entitle you to a full session, but you will be billed for the time reserved for you. Weekly sessions are recommended.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding therapy goals. However, together we will work to achieve the best possible results for you.

Some health insurance companies may reimburse clients for my services. Most will not. If you wish to seek reimbursement for my services from your health insurance company, please check with your traditional healthcare provider/physician. Together, we can assess the likelihood of health insurance reimbursement for my services through your healthcare provider/physician. Those health insurance companies that do reimburse usually require you pay a standard amount before reimbursement is allowed and then usually only a percentage of my fee is reimbursable.

If you have questions, please ask. Please sign and date this form. Thank you.

Signature for consent to counseling and understanding of this professional disclosure statement and the nature of the client/therapist relationship.

Date

Signature