

INFORMATION AND CONSENT
Serenity Mental Health Services
Dr. Diana Smith, LPC-MH

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I am a National Certified Counselor, Licensed Professional Counselor-Mental Health, in the state of South Dakota. I provide individual, couple, family and group therapy for adults, adolescents, and children. I earned my M.A. degree from the University of South Dakota in Counseling and Psychology in Education in 1994. I have completed all but the comprehensive exam and dissertation for the Ed.D. and the Ph.D. at the University of South Dakota in Counseling and Psychology in Education. In July of 2016 I earned my Doctorate in Philosophy in Psychology (Ph.D.) from Capella University in Minnesota. I completed a Heuristic study of the lived experience of forgiving one's self as a requirement for my dissertation.

I only accept clients in my practice that I believe have the capacity to resolve their own problems with my assistance. I believe that as people become willing to accept the things they can not change, develop the courage to change the things they can and the gain the wisdom to know the difference, 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. As a client, you are in complete control and may end our counseling relationship at any point. I will be supportive of that decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the South Dakota Board of Counselor Examiners at (605) 337-1822 or the National Board of Certified Counselors in Greensboro, NC at (901) 547-0607.

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served while I am seeing you for counseling 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 counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

I will keep confidential anything you say to me, with the following exceptions: (a) you direct me to tell someone else, (b) I determine you a danger to yourself or others, (c) I am ordered by a court to disclose information. I assure that my services will be rendered in a professional manner consistent with accepted ethical standards.

Sessions are 50 minutes in duration. (The first three initial intake sessions, which are designed for diagnostic purposes, will be billed @ \$180 per session.) In return for a fee of \$180.00 (billing code 90806 for individual) or \$180.00 (billing code 90814 for interactive) per session thereafter, I agree to provide counseling services to you. Some health insurance companies will reimburse clients for my counseling services and some will not. Those that do reimburse usually require that you pay a standard amount before reimbursement is

allowed and then usually only a percentage of my fee is reimbursable. You should contact a company representative to determine whether your insurance company will reimburse you and about what schedule of reimbursement will be used. The fee for each session will be due and must be paid after each session unless we have agreed upon another method of payment. Cash or personal checks are acceptable for payment. I will provide you with a receipt for all fees paid upon request. If you wish to seek reimbursement for my services from your health care provider, I will be happy to complete any forms related to your reimbursement provided by you or your insurance company.

Health insurance companies often require that I diagnose your mental health condition as an “illness” before they will agree to reimburse you. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records. If you have any questions, I am happy to discuss them with you. Please sign and date both copies of this form.

Client or guardian signature

Date

Dr. Diana Smith LPC-MH

Date