



Information, Authorization, & Consent to Treatment

Bondo Counseling LLC
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Carole Anne Cantey, M.Ed.
Licensed Professional Counselor, #8511

Background Information

The following information regarding my educational background and experience is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I received my bachelor's and master's degrees from The University of Georgia. I have been practicing psychotherapy since 1990 at such facilities as Huntsville/Madison County Alcohol/Drug Treatment Center, Huntsville Mental Health Center, University of Alabama Women's Resource Center, University of South Carolina Aiken Counseling Center, and most recently, University of South Carolina's SAVIP (sexual assault, violence, & Interpersonal) office.

I have presented several workshops on topics such as sexual assault and how to support survivors. Additionally, I have been a member in good standing of the American Counseling Association, and I'm licensed in the state of South Carolina as a Licensed Professional Counselor, license #8511.

Structure and Cost of Sessions

Currently, I provide face-to-face appointments, which can be scheduled by calling (803) 727-6568 or emailing me at CaroleC@protonmail.com. The cost of an in-person session is \$150 per 50-minute session. The fee for each session will be due at the conclusion of our session. Cash, personal checks, or Zelle are acceptable for payment, and I will provide you with a detailed receipt of payment if needed. Telehealth sessions will be an available option in 2024.

Communication Response Time

I am a solo practitioner set up to accommodate individuals who are reasonably safe and resourceful. That said, I cannot return calls or emails after hours, but I will respond within 24 hours. However, I do not return calls on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below. Please be aware that email is not a secure means of communication and may compromise your confidentiality. However, I realize many people prefer email because it is a quick way to convey information. **Nonetheless, please know that it is my policy to utilize email communication strictly for appointment confirmations.**

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else, and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential

relationship with a therapist. If, for some unusual reason, a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything I can to keep what you say confidential.

Please note that in couples' counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered professionally consistent with the ethical standards of the American Counseling Association and The South Carolina Licensure Board. If at any time you feel that I am not performing ethically or professionally, I ask that you please let me know immediately. If we are unable to resolve your concern, you are welcome to contact the boards that govern my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility, nonetheless.

In Case of an Emergency

If you have a mental health emergency, I encourage you not to wait for communication back from me but do one or more of the following:

- Call or text 988 for free and confidential emotional support 24 hours, seven days a week
- Consider your local hospital emergency departments/Prisma Richland/ParkRidge/Babstist/Lexington Medical/MUSC
- Call National Domestic Hotline at 800-799-7233 or local Sistercare & shelter at 803-765-9428
- Call National Sexual Assault Hotline at 800-656-4673 or local Pathways to Healing at 803-771-7273
- Call or text 988 Suicide Prevention & Crisis Line
- Call 911

Our Agreement to Enter into a Therapeutic Relationship

Please print, date, and sign your name below indicating that you have read, agree, and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately.

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Client Name (Please Print)

Date

Client Signature

The signature of the Therapist below indicates that they have discussed this form with you and has answered any questions you have regarding this information.

Therapist's Signature

Date