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Practice Policies

In order to answer questions that are frequently asked by clients regarding confidentiality and services, I have developed these policy statements for your information. I value you as a client and am pleased to have the opportunity to serve you.

About Me

I am licensed as a Marriage and Family Therapist in the state of Tennessee. I received my Masters of Marriage and Family Therapy from Trevecca Nazarene University. Prior to that, I earned a Bachelors of Science of Nursing from Vanderbilt University.

Client Rights and Confidentiality

At any time, you may question and/or refuse my counseling or methods, or gain information about the process and course of therapy. Professional ethics and Tennessee State law indicate that the client controls confidential information. This means that, as a general rule, information shared in session with a counselor will be held in the highest confidence. There are three exceptions. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that child or elder abuse in any form be reported to the Department of Human Services or another authority, such as a juvenile judge. Thirdly, if I am subpoenaed for court I may be required to disclose some confidential information. When needed, you will be asked to sign a "Consent for Release of Confidential Information" form that will allow discussion of your evaluation and/or treatment with others (e.g. physicians, previous counselors, etc.).

Messages

As we work together, you will notice that I do not accept calls while I am with clients. I check messages throughout the day and attempt to return all messages (voicemail, email and text) within 48 hours. If you are unable to reach me during an emergency, you may obtain help by calling the Crisis Help Line at (615) 244-7444, by going to your local ER, or dialing 911. If we anticipate that greater availability is necessary to adequately meet your needs, special arrangements can be made for additional services.

Initial Contact

The first appointment is called the "intake session". As part of the initial evaluation, new clients will be asked to complete a questionnaire and a consent form. This appointment is scheduled for you to discuss your concerns and problems from your point of view. Typically this is a time to obtain historical and other background data. In times of crisis, the usual format for the intake is not followed in the hope of bringing relief to the immediate crisis.

Benefits and Risks of Counseling

I encourage you to obtain knowledge of the process, goals, benefits and risks of the counseling process. Counseling may be very beneficial for some individuals, while others may experience intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences. Persons seeking counseling services might make significant life changes. People often modify their emotions, attitudes, and behaviors. They may change employment, begin to feel differently about themselves or others. They may also make changes in their marriages or other significant relationships, such as with parents, friends, children, relatives, etc. I will be available to discuss any assumptions, problems or possible negative side effects of our work together. While I will assist the client in effecting change, I cannot guarantee specific outcomes. Clients are ultimately responsible for their own growth. Infrequently, a client's distress remains or becomes so high that hospitalization or the use of medication must be considered. If this becomes necessary, the appropriate course of action will be discussed in advance with you and if necessary, with other responsible parties. Appropriate referrals will be made to ensure your needs will be met.

Termination

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. I request that if you decide to terminate, that there be a minimum notice of seven days in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself can be a constructive and useful process.

Clients Who Are Dependents

If you are requesting service as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. As your child's counselor, it is important that your child be able to completely trust me. I keep confidential what your child says in the same way that we keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of my work and progress with your child, and I must use my discretion as to what is an appropriate disclosure. In general, I will not release specific information that your child provides to me. However, I feel it is appropriate to discuss your child's progress in broader terms and value your participation in their counseling experience.

Professional Boundaries

If we see each other outside of therapy, unless you initiate contact, I will act as if there is no relationship. The therapeutic relationship is a professional relationship and therefore will not be a social or business relationship at anytime. This includes social media such as Facebook or Linked In. If it is determined that we are connected prior to initiation of therapy, that link will be discontinued. Such a relationship, in my view, would be detrimental to our purposes of therapy.

Charges

Services are by appointment only. A counseling session is 45 - 50 minutes. This is known as the "clinical hour". The fee also includes my time on your behalf, including record keeping and preparation. Because the appointment is reserved for you, it is necessary to enforce a 24 - hour cancellation policy. Failure to comply means that someone else is unable to use that appointment time, as a result, there will be an automatic \$175.00 cancellation charge. My standard hourly fee is \$175.00. In the event a session exceeds 45-50 min., additional charges may be incurred. Payment is expected at the time of service, unless other arrangements were made in advance. I do not accept insurance, but can provide documentation of diagnosis, treatment and receipt of payment that maybe submitted for possible reimbursement. Credit Cards are accepted for payment. There is a processing fee of 2.75% per credit card transaction. If in the course of treatment, the client requests a summary of treatment or request for records, it's a minimum of one-hour charge (at double my hourly rate). If I'm subpoenaed, I require a retainer due upon receiving the subpoena equivalent to 10 hours at double my rate. That can be paid by my client or by their attorney's office.

Informed Consent

By signing this document, I authorize and request Lisa Lawhon, LMFT to provide treatment deemed necessary or desirable for my welfare and therapeutic growth. Additionally, I consent to participate in treatment and understand the limits of confidentiality as well as the benefits and risks of counseling. I understand that I can terminate therapy with Lisa at any time.

Do you agree with the conditions and provisions of the Practice Policies? Yes _____ No _____

Signature _____ Date _____

Parent/Guardian Signature if minor _____ Date _____

Permission to thank referring professional Yes _____ No _____

Non-secure Communication Policy

Text Messaging and EMAIL Confidentiality Agreement

At times, I email or text-message my clients to inform them of upcoming appointments, to reschedule appointments or times and/or to respond to client communication. Often times my clients wish to contact me via these same unencrypted methods. By signing below you are saying that you have considered and understand the risks and limitations of confidentiality and agree that you are responsible for keeping your email/text messages private to the extent that you desire for them to be private.

I, _____, allow / do not allow Lisa Lawhon to email and/or text me as noted above.

Signature

Date

If you desire a copy of these policies check here: _____