***Jacqueline D. Grantland, M. Ed, LCPC, NCC Licensed Clinical Professional Counselor***

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# PROFESSIONAL DISCLOSURE STATEMENT

**Qualifications:** Licensed Clinical Professional Counselor licensed in the state of Maryland License No. LC4189, Maryland Board Approved Supervisor, National Certified Counselor, Certification No. 86515. EMDR Level I and II and Certified Sex Offender Treatment Provider, Trauma Focused Cognitive Behavioral Therapist, and certified in Prepare/Enrich Facilitator. I graduated from Texas Tech University with a Master of Education majoring in Community Counseling. I hold a Bachelor of Science degree in Psychology and an Associate of Arts degree in Management Studies from the University of Maryland. I am currently enrolled in Walden University's PhD Counselor and Education Program specializing in Trauma and Crisis. I have completed all my core requirements and residencies and am currently completing my dissertation. Professional affiliations include American Counseling Association, Chi Sigma Iota (counseling honor society), Licensed Clinical Professional Counselors of Maryland, National Association of Forensic Counselors, and International Association for Eating Disorders Professionals.

**Experience**: I have over 15 years of experience working in the mental health field. Previous work experience includes working with at-risk children in Therapeutic Foster Care and Group Homes, counseling victims of domestic violence and sexual assault performing crisis intervention, and working for the Department of Social Service. Prior to pursuing my career as a counselor, I worked as a medic/EMT in the United States Air Force for seven years. I completed the Victim’s Advocate Training, and Sexual Assault Training through the National Coalition of Domestic Violence. My specialty areas are domestic violence, sexual assault, military issues, family and relationship issues and eating disorders. I treat all ages, individuals, adults, children, adolescents, families, and couples.

**Theoretical Orientation:** My theoretical orientation is Eclectic with emphasis on Cognitive- Behavioral/Solution Focused and Client Centered Theory. As an eclectic counselor I believe that no single theory can effectively treat all the different emotional, behavioral, and mental disorders. As your counselor I will apply the best theoretical orientation based on your specific needs and issues.

# INFORMED CONSENT

**Counseling Relationship/Services:** During the time together, we will meet weekly for approximately 45-50 minute sessions. A diagnosis will be used to assist in specializing your counseling treatment and will be placed in your counseling records. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our

contact will be limited to services through our therapeutic sessions and treatment team meetings. You will best be served if our sessions concentrate exclusively on your concerns. If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

***Payments and Cancellations:*** *Payments will be accepted in the form of* cash, check, or credit card. I accept Tricare Prime and Standard, ChampVA, Aetna, Blue Cross and Blue Shield, Ceridian EAP, Military One Source, Cigna, Magellen, MHN, Compsych, Value Options and most insurance companies. Co-payment is due at the time we render services. If you must cancel an appointment please notify the office at least 24 hours prior to the appointment. If you are late for the appointment the session will still need to end on time and you will be responsible for the full payment.

Fees charged for session are as follows: Initial Assessment: 200.00

Individual Counseling: 200.00

Family/Couple Counseling: 200.00

Supervision for LGPC: 75.00

Additional fees:

Court Related Testimony: 200.00 per hour, minimum 4 hour reserve time and will be due prior to court date.

Telephone calls exceeding 15 min cannot be charged to insurance companies and will be prorated based on the hourly charge.

Letter and Reports will be prorated based on the hourly rate and due at time of pickup.

Copies of Medical Records: Maryland Law (Health General Sec. 4-304) allows a fee for copying medical records. The current fees for medical records are .76 cents for each page of the medical record, and the actual cost of postage and handling. Preparation fee of $22.88 if records are sent to another provider. HIPAA regulations do not allow providers to charge a preparation fee if records are provided directly to the client.

**Effects of Counseling:** At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These change my affect significant relationships, your school, job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted.

Together we will work to achieve the best possible results for you.

**Records and Confidentiality:** All of our communication becomes part of the clinical record. Most of our communication is confidential, but the following limitations and exceptions do exist: a.) I am using your case records for the purposes of supervision, professional development, and research. In such cases, to preserve confidentiality, I will identify you by your first name only; b.) I determine that you are a danger to yourself or someone else; c.) You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; d.) You disclose sexual contact with another mental health professional; e.) I am ordered by a court to disclose information; f.) You direct me to release your records; or g.) I am otherwise required by law to disclose information.

**Registering Complaints**: I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If you wish to file a complaint against a Maryland licensed professional counselor, you may do so by placing that complaint in writing and sending it to the MDBOPC. You may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit your letter to the board. The address to send the complaints to is Board of Professional Counselors & Therapists. 4201 Patterson Avenue, Baltimore, MD 21215. For further information please refer to the website. <http://dhmh.maryland.gov/bopc/SitePages/complaint.aspx>

By your signature below, you are indicating that you read and understood this statement, or that any questions had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client Signature Counselor’s Signature

Date Date