



ROOTED WINGS, LLC
Stacey L. Jackson, LPC

2375 E. Main Street
Suite A-105
Spartanburg, SC 29307-1400

☎ 864-398-9322

☎ 888-707-1002

sljacksonlpc@gmail.com

staceyljacksonlpc.weebly.com

Professional Disclosure Statement, Practice Policies & Informed Consent for Psychotherapy

Much of this document is mandated by both South Carolina State law and Public Law 104-191; it is provided for your protection. Stacey L. Jackson, LPC has tried to anticipate any risks you may face because of being in therapy. If you have any questions regarding the documents you have received, please feel free to discuss them with Stacey L. Jackson.

Professional Disclosure Statement

Contact Information: *Stacey L. Jackson, LPC* is located at 2375 E. Main St., Suite A-105, Spartanburg, SC 29307. This is also our mailing address. Our telephone number is (864)398-9322 (the voicemail is confidential) and our fax number is (888)707-1002. Our email address is sljacksonlpc@gmail.com and it is checked at least once every working day. Our webpage is <http://staceyljacksonlpc.weebly.com> and contains more information regarding Stacey L. Jackson, LPC.

Office Hours: Our office is generally open for appointments Monday through Thursday. Clients are seen by appointment only and, special appointments for evenings, weekends, and other selected times will be considered.

Services Provided: Stacey L. Jackson, LPC provides psychotherapy for children, adolescents, and adults.

- Individual Psychotherapy
- Relationship Psychotherapy
- Family Therapy
- Life Coaching

Specializations: *Stacey L. Jackson, LPC* has a general psychotherapy practice working with a broad spectrum of clients and issues. Psychotherapy is tailored to meet each individual's needs. Stacey L. Jackson has a special interest and training in trauma, relationship issues, the psychological effects of chronic/serious illness, anxiety, women's issues, LGBTQ issues, spiritual/religious issues, and economic disadvantages that prevent access to mental health care. She also works with depression, personality disorders, ADHD, and Oppositional Defiant Disorder.

Educational Training & Professional Qualifications: Stacey L. Jackson received her Bachelor of Science Degree (BS) from Auburn University – Montgomery in Psychology, her Master's Degree (MS) from Troy University in Counseling Psychology. She also completed postgraduate training in Pastoral Counseling from the Pastoral Institute in Columbus, Georgia. She is a Licensed Professional Counselor in the state South Carolina.

Ethics: Stacey L. Jackson, LPC follows the Code of Ethics of the following organizations:

- The South Carolina Board of Examiners for The Licensure of Professional Counselors Marriage and Family Therapists, and Psycho-educational Specialists
- The American Counseling Association

Additionally, as a Medicaid provider she is required to comply with the following laws and regulations:

- Title VI of the Civil Rights Act of 1964 which prohibits any discrimination due to race, color, or national origin (45 CFR Part 80)
- Title V, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 which prohibits discrimination based solely on an individual's disability. (45 CFR Part 84)
- The Americans with Disabilities Act of 1990 which also prohibits discrimination based on an individual's disability (28 CFR Parts 35 & 36)
- The Age Discrimination Act of 1975 which prohibits discrimination based on an individual's age (45 CFR Parts 90 and 91)

Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

Practice Policies

Fees: It is customary to pay for professional services at the time they are rendered. The usual fee for an initial assessment is \$180.00. The hourly fee for individual, relationship, and family therapy is \$120 per hour. **Stacey L. Jackson, LPC**, however, works with clients with different economic circumstances. Therefore, several payment options are offered to make psychotherapy accessible and affordable.

- **Medicaid:** The following South Carolina Medicaid health plans: First Choice/Select Health and Molina. The contracted fee as payment in full. Therefore, there is no additional cost for your psychotherapy sessions.
- **Employee Assistance Program (EAP):** **Stacey L. Jackson, LPC**, is on several EAP panels. Check with your employer to find out if you have EAP benefits. If so, and **Stacey L. Jackson, LPC**, is on their panel, they may pay for a limited number of your sessions. **Stacey L. Jackson, LPC**, accepts the contracted fee as payment in full. Therefore, there is no additional cost for your psychotherapy sessions.
- **Private Insurance:** **Stacey L. Jackson, LPC**, does not accept private insurance. If you want to be reimbursed by your insurance company, the usual fee will be charged, and you will be responsible for filing the claim. **Stacey L. Jackson, LPC**, does not file private insurance claims. You will be provided the necessary information necessary to file insurance claims, if you choose to do so.
- **Sliding Scale/Reduced Fee:** A sliding scale/reduced fee based on household income is offered to those who are uninsured, who are not using private insurance to pay for sessions, or have exhausted their EAP benefits. The session rate is determined case-by-case. Please call to get information on this payment option. The goal is to provide psychotherapy at a fee that makes psychotherapy possible. Communicating with **Stacey L. Jackson, LPC** regarding your financial situation will help achieve this goal.
 - **Note:** Cash or check are accepted as payment, which is due at the time of the session.

Appointments and Cancellations: If necessary, please remember to cancel or reschedule your appointment 24 hours in advance. If you have two late cancellations or no-shows for sessions **Stacey L.**

Jackson, LPC may choose to discontinue the professional relationship. This is necessary because a time commitment is made to you, and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Telephone Accessibility: If you need to contact **Stacey L. Jackson, LPC** between sessions, please leave a message on her voice mail. She may not be immediately available; however, she will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, if you are in a crisis, and need additional support, phone sessions are available. If a true emergency arises, please call 911, or go to any local emergency room.

Social Media and Telecommunication: Due to the importance of your confidentiality, and the importance of minimizing dual relationships, **Stacey L. Jackson, LPC** does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality, and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up during your session, and we can talk more about it.

Electronic Communication **Stacey L. Jackson, LPC** cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, you may do so. While **Stacey L. Jackson, LPC** will attempt to return messages in a timely manner, she, however, cannot guarantee immediate response, and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Electronic communication includes, but is not limited to, telephone communication, the Internet, facsimile machines, and e-mail.

Minors: If you are a minor, your parents may be legally entitled to some information about your therapy. **Stacey L. Jackson, LPC** will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. If you are the legal or custodial parent or guardian and are bringing your child in for counseling, you **MUST** stay in the waiting room while services are being provided. **Stacey L. Jackson, LPC** encourages parents/guardians to be involved in the counseling process for their children. **Stacey L. Jackson, LPC** is not responsible for children left unattended in the waiting room.

Termination: Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length, and intensity of the treatment. **Stacey L. Jackson, LPC** may terminate treatment after appropriate discussion with you, and a termination process if **Stacey L. Jackson, LPC** determines that the psychotherapy is not being effectively used, or if you are in default on payment. **Stacey L. Jackson, LPC** will not terminate the therapeutic relationship without first discussing, and exploring the reasons and purpose of terminating. If therapy is terminated for any reason, or you request another therapist, I **Stacey L. Jackson, LPC** will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, **Stacey L. Jackson, LPC** must consider the professional relationship discontinued.

COURT APPEARANCES: At times, a client may ask a counselor to appear in court on their behalf or the behalf of their children. Counseling is primarily a therapeutic relationship with the goals focused on personal growth and healing, with all information shared in session being confidential. Therefore, it is the policy of **Stacey L. Jackson, LPC** to refuse all requests to appear in court on behalf of any client. In the case that **Stacey L. Jackson, LPC** may be subpoenaed to testify in court, an hourly fee will be assessed, with four hours of services to be paid prior to the court appearance.

Additional Note: Stacey L. Jackson, LPC reserves the right to deny requests for written reports, or for copies of a client's PHI within the limits of the law. If required, a reasonable fee will be charged.

Informed Consent for Psychotherapy

General Information: The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important to reach a clear understanding about how the therapeutic relationship will work, and what can be expected. This consent will provide a clear framework in working with **Stacey L. Jackson, LPC**. Feel free to discuss any of this with **Stacey L. Jackson, LPC**. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process: You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality: The information you share in psychotherapy is protected health information is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (signed only by a judge) but is considered privileged in the federal court system. Stacey L. Jackson is mandated by standards – through Duties to Warn – to breach confidentiality if she discovers: 1) you are threatening self-harm or suicide, 2) you are threatening to harm another or homicide, 3) a child has been or is being abused or neglected, and/or 4) a vulnerable adult has been or is being abused or neglected. Finally, if you wish your protected health information released to another party, you *must* sign a specific Release of Information.

Note: If Stacey L Jackson, LPC accidentally sees you outside of the therapy office, she will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance, and Stacey L. Jackson, LPC does not wish to jeopardize your privacy. However, if you acknowledge her first, she will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Additional Information:

- Treatment isn't always successful and may open unexpected emotionally sensitive areas.
- Stacey L. Jackson is not a physician and cannot prescribe medications.
- Stacey L. Jackson may need to consult with your physician, attorney, or another counselor.
- Stacey L. Jackson is not available 24 hours a day.
- Appointments may be successfully cancelled as late as 24 hours prior to the scheduled time. If this is not done, you may be charged \$50.00 for a missed appointment (this does not apply to Medicaid clients).
- Stacey L. Jackson is licensed through the SC Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists; this Board is in The Synergy Center (Kingstree Building) in Columbia, South Carolina and can be reached at 803-896-4652 (mailing address is P.O. Box 11329, Columbia, SC 29211-1329).
- The Executive Administrator for Stacey L. Jackson, LPC is Stacey L. Jackson. She is a confidential administrator under state and federal law. She will be your major contact for appointments, problems, complaints, and commendations.

By signing below, you are acknowledging that you have received a copy of **Stacey L. Jackson's, LPC** Professional Disclosure Statement, Practice Polices, & Informed Consent for Psychotherapy.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE ITEMS CONTAINED IN THIS DOCUMENT.

Client signature if 16 or older

Client/Guardian Signature

Date