

Inspiring Change Counseling, LLC

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Regina M. Verlangieri, M.Ed., LPC, NCC, DCC

Licensed Professional Counselor
Nationally Certified Counselor
Distance Credentialed Counselor

Informed Consent

I am licensed as a Professional Counselor (License #1099) by the Mississippi State Board of Examiners for Licensed Professional Counselors. Only licensed mental health professionals may provide counseling services in Mississippi. I am certified by the National Board of Certified Counselors (Certification #83714), a private certifying agency that recognizes counselors who have distinguished themselves through meeting the board's standards for education, knowledge, and expertise. I am also certified as a Distance Credentialed Counselor by the Center for Credentialing and Education (DCC #1023) that was designed to advance professional excellence through credentialing and assessment.

I hold a Master's degree in Counseling Education from the University of Mississippi. The graduate program I completed is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP).

Treatment and Philosophy

Psychotherapy is the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. These services are unique in that they require you to participate and be a full partner in the process. Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving capacity, and coping skills, and resolutions of specific problems.

Given the nature of psychotherapy, it is difficult to predict what exactly will happen. I provide services for clients whom I believe have the capacity to resolve their problems with my assistance. I believe that people can become more content with their lives and themselves as they are able to take some control. I believe that exploring all aspects of an individual's life will foster growth through awareness and acceptance. Primarily I use talk therapy to develop trust and create an emotionally safe environment for clients to share their inner most feelings and concerns. I take an integrative approach drawing on psychoanalytic, developmental, systems, experiential, and transpersonal models. I provide individual, couples, family, and group therapy services. I work with adults, adolescents and children. Techniques used may include Cognitive Behavioral Therapy (CBT), Solution-Focused Therapy, art therapy, writing (journaling), role playing, Gestalt Therapy, play therapy, relaxation techniques, assertiveness training, anger management, and mental imagery.

My clients are always in control of what happens within sessions and can decide to terminate counseling at any time. There are no guarantees of specific results regarding your counseling goals. All services, however, will be provided in a professional and ethical manner. If you become dissatisfied with my services for any reason, please do not hesitate to let me know. I will try my best to resolve your concerns.

Children and Adolescents

In counseling children or adolescents, confidentiality is a necessity; as much as possible, in order for the therapeutic process to work. While you as parent or guardian have a legal right to information, I will speak with you in a general way unless there is a danger to the child's life. This is conveyed to the child as well. Usually I ask the child and parent to meet with me together so that the parent can voice concerns or ask questions.

Code of Ethics

As a Counselor, I am required by state law to adhere to the Code of Ethics for practice that has been adopted by my licensing Board. A copy of this Code of Ethics is available upon request.

Confidentiality

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission (in the form of a Release of Information). There are, however, some important exceptions of which you should be aware:

1. If I believe there is a reason to suspect that the occurrence of abuse or neglect of a child, a dependent adult or a person with developmental disabilities,
2. Any indication that you are a danger to yourself or is clear that you have suicidal intentions,
3. Any indication that you are a danger to others or where there a clear threat to do serious bodily harm to others,
4. If I am court ordered,
5. If you initiate a malpractice suit,
6. If an insurance company or managed care company requests diagnosis and/or relevant clinical information.

Fees and Payments

My policy is to receive payment at the beginning of each session unless other arrangements have been made prior to the session. My standard fees are \$130 for an initial intake and \$90 for a 50-60 minute session thereafter, if you are not utilizing insurance. If you choose to utilize insurance *and* have met your deductible, you are responsible for your co-insurance and/or co-payment amount. *You will be expected to pay the full service fee at the time of your session until the deductible is paid in full.* In certain situations, fees will be adjusted for those clients who meet certain criteria. I accept cash, check and credit card as forms of payment. I will be happy to complete any necessary forms. Most insurance companies will reimburse for counseling services but some will not. You should contact your insurance company to find out the specifics.

Health insurance companies usually require that I diagnose you will a mental condition and indicate that you have an illness before they will agree to reimburse you. In the event that a diagnosis is necessary, you will be informed of such diagnosis before I submit this to the insurance company.

Missed Appointments

If an appointment is cancelled 24 hours in advance, there will be no charge. However, *if an appointment is missed without 24 hour notice*, you will be responsible for the cost of the session.

Legal Fees

If, due to court proceedings I am required to provide notes or give a deposition, my fees are as follows:

Counseling notes - \$95 (Notes will not be provided without a release of information signed by you or if they are court ordered.)

Appearance in court - \$150 per hour to include travel and wait time

Report writing - \$95 per hour

Phone Consultations

Phone consultations and online services (email, chat, etc.) are a part of my practice and are treated as office visits. Charges will occur each 30 minutes for \$45. Insurance will not reimburse for phone/online consultations so you will be directly responsible for the payment.

Emergencies

In the event that you feel that your mental health requires emergency attention or if you have an emotional crisis, you should report to the emergency room of your local hospital and request mental health services. You may also call me and leave word about your situation and I will contact you as soon as possible.

Sick Policy

As pertaining to the counselor: I will contact you via email or phone call to cancel and schedule a new appointment.

Contact Hours

Appointments can be made by calling me and leaving a message at 662-801-0625.

Authorizations

*I authorize the release of any information necessary to process the above insurance claims and authorize payment of insurance benefits to Regina Verlangieri, LPC.

*I represent that I have legal authority to obtain counseling for any minor children treated.

*I authorize Regina Verlangieri, LPC, to perform any psychological/educational testing deemed appropriate for treatment upon my consent.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES OF REGINA VERLANGIERI, LPC, REGARDING APPOINTMENTS, FINANCIAL POLICIES, DUTY TO WARN, AUTHORIZATIONS, PERMISSION FOR TREATMENT OF MINORS AND ALL OTHER STATEMENTS WRITTEN IN THIS CONTRACT.

Please feel free to ask me any questions. If you need more clarification about something, I will be glad to provide more information. Your signature below indicates that you have read, understand, and are agreeing to the terms of these services outlined in this document.

Client Signature

Date

Print Client Name

Parent or Legal Guardian Signature

Date

Counselor Signature

Date