



Diana Petry

Marriage & Family Therapist Intern

7526 E 82nd St., Suite 150 • Indianapolis, IN 46256 • 317-585-1060 • <http://www.fcahelp.com>

DISCLOSURE STATEMENT

I. EDUCATION & TRAINING

I will graduate in May 2016 with a Master of Arts in Professional Counseling from Liberty University in Lynchburg, Virginia. I also received a Bachelor of Science from Liberty University in Psychology and Christian Counseling with a concentration in Marriage and Family Counseling.

Student Member—American Association of Christian Counselors (AACC)

Student Member—American Association of Marriage and Family Therapists (AAMFT)

Student Member—Indiana Association of Marriage and Family Therapists (IAMFT)

II. THEORETICAL & TREATMENT MODEL

It has been a lifelong goal to help, encourage, and empower others to find healing, restoration, and hope through faith and in and through current situation(s). I believe that each individual is created in God's image and is loved, accepted, and has inherent value. I look forward to building a collaborative partnership with clients to not only improve functioning, but to identify and utilize their strengths to obtain individual goals, while also helping them to learn better coping skills and achieve lifelong change. Although therapy will be tailored to individual needs, I favor Cognitive Behavioral Therapy approach, because of both its empirical support and premise that thought directly affects feelings and behavior. Additionally, working from a future focused perspective Narrative Therapy aids in empowering clients to utilize strengths to achieve desired counseling goals. Faith integration is available upon request.

III. SCHEDULING SESSIONS

An initial session can be scheduled by calling the Family Counseling Associates Main Office at (317) 585-1060 or Toll Free (888) 701-1060. Additional sessions are generally scheduled on a regular, weekly basis and are not limited to any particular number of sessions or course of time. However, it is your responsibility to confirm and/or reschedule your next session.

IV. BILLING AND INSURANCE INFORMATION

The fee for counseling during my internship will be at a reduced fee of \$90 per 50 minute treatment sessions and payments are to be made at each session via Cash, Personal Check, or with Authorized Major Credit Card. If there is a concern about finances, I am able to see clients on a sliding scale. Please discuss any questions and concerns with me and I will work with you concerning your situation. As an intern, I am not able to work with insurance. Sessions cancelled within less than 24 hours will also be charged a \$50 cancellation fee (Illnesses and Emergencies are exceptions). Fees may increase periodically and any change in fees will be communicated with two weeks prior notification.

V. VOLUNTARY

It is your right to select a counselor or therapist of your choice and you may terminate counseling with me at any time. I recommend one final session upon termination to reflect on our experience together and address any future concerns.

VI. CONFIDENTIALITY

Not only is confidentiality with a Licensed Mental Health Provider guaranteed to you under Indiana State Law, I believe the confidentiality of our work together to be of the utmost importance in creating a safe place for you to explore issues of your concern. Therefore, I strive to uphold the strictest standards of confidentiality in my practice. You should be informed

of the *legal exceptions to confidentiality* in the following circumstances when information you share with me could be shared with others without your permission:

- 1) The Uniform Health Care Information Act may allow for disclosure of information to another health care provider who is serving you.
- 2) You may give written permission to release confidential information. If you wish to disclose to a third party, you must sign a Consent To Release Information form.
- 3) If you reveal that you are contemplating, planning, or have acted out a crime, I may be required to report this to the appropriate authorities.
- 4) If you are a minor, I may discuss with your parents or guardians some of the information from our counseling. If you are a minor and a victim of a crime, I may testify at an inquiry concerning the crime.
- 5) If you reveal that a child or adult has suffered abuse or neglect, I have an obligation to report this information to the appropriate authorities.
- 6) If information you have revealed to me is subpoenaed, disclosure may be required by law.

If possible, I will attempt to discuss any required breaches of confidentiality with you prior to doing so. Additionally, I adhere to the standards set forth in Family Counseling Associates' *Notice of Privacy Practices* (see ACKNOWLEDGEMENT OF PRIVACY PRACTICES).

VII. SUPERVISION AND CONSULTATION

As a student intern earning a Master's degree, I will be under the direct supervision of Timothy Heck, PhD, a Licensed Marriage and Family Therapist at Family Counseling Associates. I will consult with Dr. Heck on a weekly basis and your case may be reviewed in those meetings. This is necessary for my work and enhances the potential to offer the highest level of care for your needs. In the event that it should be deemed necessary to consult with your Physician or a Psychiatrist regarding your case, I will request a written Release of Information from you for doing so.

VIII. STATE REGULATIONS FOR PROFESSIONAL CONDUCT.

The State of Indiana Department of Health as well as the Indiana Professional Licensing Agency oversees and regulates the practice of mental health counselors in order to ensure the health and safety of the public. If you believe that I have acted unethically or unprofessionally in my work with you, I ask that you address the issue directly with me. Additionally, you may direct a complaint to the authorities of the state:

Office of the Attorney General
Consumer Complaint Division
402 West Washington Street, 5th floor
Indianapolis, IN 46204
(317) 232-6330/1-800-382-5516
<http://www.indianaconsumer.com/filecomplaint.asp>

IX. ADDITIONAL COMMUNICATION

If you need to communicate with me outside of your scheduled session time, you can call (317) 585-1060 and press "0" for the Receptionist. The office staff of Family Counseling Associates will be available to take your call, or you can leave a message for me on the confidential voicemail (Extension "3510") and I will attempt to return your call with 24 hours. I will generally limit phone communication to session scheduling and emergencies, and reserve the right to charge a fee for the phone call proportionate to the regular session fee. I will limit communication via email for the purpose of transmitting electronic documents/information (i.e. intake form, inventories online, etc.)

X. EMERGENCIES

If you are experiencing an Emergency and cannot reach me via the number listed above, you may call our Main Line (317) 585-1060 and press "1" to reach the Therapist On-Call. The Therapist will return your call within minutes and offer recommendations, however, in the event of a life-threatening Emergency, please call one of the following numbers:

- General Emergencies: 911
- Mental Health Association of Greater Indianapolis 24-hr Hotline: (317) 251-7575