



**Anne M. Harton, LMFTA**  
Marriage & Family Therapist Resident

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**DISCLOSURE STATEMENT**

**I. EDUCATION & TRAINING**

I began studying psychology and religious studies in 2007 and developed a passion for the importance of counseling through a Christian perspective. While earning an MA in Theology, I worked with couples and families in a parish for two years. Though I enjoyed ministering to those who walked in the office door, I wanted to improve my ability to help others through life issues by becoming a licensed therapist. I have now been seeing individuals, couples, and families in therapy since 2014 as a graduate student intern. I earned my MA in Marriage and Family Therapy in 2015 and am continuing my career as a licensed marriage and family therapy associate.

**II. THEORETICAL & TREATMENT MODEL**

I believe that all people are created in God's image and that we are given the gift of one another in community to love and support us through our daily journey. Our most significant communities include marital and family relationships. We are part of a system that forms and challenges us. I am here to hear your story and hold the hope for you until you can pick it back up again. I believe in a God of love, life, joy, mercy, and grace. I am especially interested in the topic of forgiveness and the impact of emotions. My therapy of choice for couples is Emotion Focused Therapy, as it is the therapy most supported by research. I also use Narrative Therapy to help the client name and externalize a problem as they tell, retell, and re-author their stories. I often counsel from an approach integrating family systems with person-centered, narrative, and experiential therapies. Using the Bio-Psycho-Social framework for assessment provides guidance to all parts of the self: spiritual, physical, and emotional. As a Catholic Christian with a background in theology, I am willing and able to integrate faith in sessions at the client's 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**

As a Master Therapist, the fee for a 50-minute initial session is \$150. As a Resident, I'm not able to work with insurance, so I charge a reduced fee of \$90 for a 50-minute regular session. Payments are to be made at each session via Cash, Personal Check, or Authorized Major Credit Card. I do not want to turn anyone away due to finances. Please discuss any questions and concerns with me and I will work with you concerning your situation. 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 resident therapist accumulating hours for licensure, I will be under direct supervision of a Licensed Marriage and Family Therapist. I will consult with him regularly. 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, 5<sup>th</sup> 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