



**Timothy Heck, Ph.D.**  
Licensed Marriage & Family Therapist

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## **DISCLOSURE STATEMENT**

### **I. EDUCATION & TRAINING**

I have been counseling individual adults and couples over 22 years, drawing together the best of research-based treatment models and Christian principles for marriage to help hundreds of couples rediscover their marital “Dream.” My studies include a Bachelor of Arts in Christian Ministries, a Master of Arts in Theological Studies, a Master of Arts in Counseling Psychology, and a Doctor of Philosophy in Human Services, and have equipped me to address the problems clients face with care and compassion, always attempting to help them move closer to a sense of personal peace and satisfaction with life and relationships.

Clinical Fellow – American Association of Marriage and Family Therapists (AAMFT)

Member – American Psychological Association (APA)

Professional Member – American Counseling Association (ACA)

### **II. THEORETICAL & TREATMENT MODEL**

In my work with clients, I build on Psychodynamic models, including Object Relations, Depth Psychology and Internal Family Systems Theory, as well as General Systems Theory. My post-graduate training include Ericksonian Hypnosis, EMDR, Theophostic Prayer, and Motivational Interviewing, as well as in-depth training with John Gottman (Gottman Institute) and the Center for Marriage and Family Studies (University of Denver). My specializations include the treatment of: Mood Disturbances (Depression, Anxiety, Bipolar Disorder, PTSD, Obsessive-Compulsive Disorder, Acute Stress), and Couples (Pre-Engagement, Pre-Marital, Marital, Crisis, and Post-Divorce). In my work with couples, I offer traditional one-hour Weekly Treatment, as well as Marriage Intensives (1/2 day to multiple-day one:one treatment).

### **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 will be \$150 for the Initial Evaluation Session and \$135 per 50 minute follow-up treatment sessions and payments are to be made at each session via Cash, Personal Check, or with Authorized Major Credit Card. Our office is pleased to check into your Insurance Carrier for possible Healthcare Benefits, but it is your responsibility to assist, as needed, in the process and ultimately, Insurance is a contract between you and your Insurance Carrier. 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 Licensed Provider (LMFT), I provide my services without the necessity of Clinical Supervision, however, on occasion I may find it helpful in the service of my clients to consult with other Professionals in the field. This is customary in our 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 "203") 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