



Carissa N. Lopez-Bockus, LMHC
Licensed Mental Health Counselor (#39003366A)

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DISCLOSURE STATEMENT

I. EDUCATION & TRAINING

In 2013, I graduated from Mount Vernon Nazarene University with a B.A. in Intercultural Studies and Spanish. During these undergraduate years I studied abroad for two semesters in Brazil and Costa Rica respectively focusing on cultural immersion, missions and community service, and language-learning. Some of my greatest memories at MVNU include volunteering with a TESOL program with Hispanic families in the community, leading an independent study for another Spanish major, and launching a Spanish-language Bible study. After graduating in 2013, I pursued a M.S.Ed. in Clinical Mental Health Counseling at the University of Dayton. While in my master's program, I worked at my home church as an Interim Youth Worker for one and a half years, primarily serving middle school and high school youth. Prior to FCA, I was a counseling intern at Family Services Association in Dayton, Ohio for a little over a year and received my master's degree in spring 2016. Currently, I am working towards becoming a licensed mental health counselor.

II. THEORETICAL & TREATMENT MODEL

I work from a wellness approach which attempts to see the person as a whole with all parts interconnected, including occupational, emotional, spiritual, intellectual, and physical areas. From prior training with Family Services Association, I will also utilize an ecological approach to counseling with involves people within their social and family systems. My theoretical and treatment model preferences include strengths-based, motivational interviewing techniques, narrative therapy, and client-centered therapy. I view God as loving and caring Father who is constantly loving, forgiving, and pursuing us in relationship with Him and with each other. My faith background includes both Lutheran and Nazarene theology, which I am willing to incorporate into session upon 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 an associate therapist, I'm not able to work with insurance, so I charge a reduced fee of \$125/90 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

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 “____”) and I will attempt to return your call within 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