



Courtney D. Sherman, LMHCA
Licensed Mental Health Counselor Associate
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DISCLOSURE STATEMENT

I. EDUCATION & TRAINING

I have been working with families in a ministry setting for over 15 years and counseling adults and adolescents for 5 years drawing together the best of research-based treatment as well as Christian and Catholic principles. My studies include a Bachelor of Arts in Catechetics/Theology and a Master of Arts in Clinical Mental Health Counseling with a certification in Christian Counseling. After receiving a Bachelor's degree I spent a year in Belize doing mission work followed by 7 years of service in a large Catholic parish as a High School youth minister. Meeting with many families who desired healing and reconciliation led me to pursue my Master's Degree in Counseling. Some of my greatest memories are the years spent in youth ministry followed by studying at Franciscan University of Steubenville and working an internship with college students as well as an internship in an addiction treatment facility. Currently, I have an associate license and am working towards becoming a licensed mental health counselor.

II. THEORETICAL & TREATMENT MODEL

I work from a wellness approach focusing on the integration of the whole person, which considers the individual's strengths and weaknesses. I attempt to see the person as a whole with all parts interconnected, including occupational, emotional, spiritual, intellectual, and physical areas. I pray often for God's vision to see as He sees and call to mind often the words of Saint John Paul II: *We are not the sum of our weaknesses and failures; we are the sum of the Father's love for us and our real capacity to become the image of his Son.* (17th World Youth Day Homily, July 28, 2002)

I draw upon multiple resources and evidence based techniques, including some cognitive-behavioral therapy, psychodynamic, and the Gottman Method regarding marital relationships. I also have experience working with college students and young adults, women in crisis pregnancy and individuals and their families in an inpatient addiction center. I believe that therapy is a journey and a collaborative effort between the client, the counselor, and God. I look forward to having the opportunity to talk with you.

My faith background is Catholic, 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

The fee for counseling will be \$150 for the Initial Evaluation Session and \$125 per 50-minute follow-up treatment sessions. Payments are to be made at each session via Cash, Personal Check, or 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. 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 an associate 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, 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 "205") 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