

KATY FITZGERALD

Clinical Social Worker/Therapist, LCSW

PROFESSIONAL DISCLOSURE STATEMENT

Thank you for choosing me as your therapist. I take the therapist/client relationship very seriously and I promise to do my best to provide a safe space where you can freely discuss your thoughts, feelings, anxieties and concerns. Therapy can only be effective if the client trusts the therapist and feels safe talking about difficult or uncomfortable thoughts and feelings. My goal is to establish good rapport with my clients, and to aid them with finding new perspectives and coping techniques.

Please review the rest of this statement and sign at the bottom.

EDUCATION

I earned a Masters in Social Work from North Carolina State University. I earned a Bachelor's Degree from William Jewell College in communication and English. I have specialized training in cognitive behavioral therapy, dialectical behavioral therapy, motivational interviewing, cognitive processing therapy and EMDR, among other therapeutic modalities.

LICENSES/CERTIFICATIONS/PROFESSIONAL ORGANIZATIONS

- North Carolina Licensed Clinical Social Worker
- Member of the National Association of Social Workers

DESCRIPTION OF SERVICES OFFERED

I provide individual therapy for adults. Because each client has different experiences, needs and challenges, treatment is tailored to an individual's unique circumstances. All of the treatments I use are non-judgmental, recognize that people are doing the best they can with what they have, and that people already have what they need to change — they just need to find out how to access it.

COMMENTS ABOUT DIAGNOSIS AND LENGTH OF SESSIONS

Most insurance companies require a diagnosis for reimbursement (e.g., Major Depressive Disorder). Please note that a diagnosis will become a permanent part of your records. Sessions are typically 50 minutes long.

CONFIDENTIALITY

Information that you share during sessions is kept in strict confidence. Please refer to the Privacy Notice in this intake packet for detailed information regarding your Protected Health Information (PHI).

919.694.3946 katy@katyfitzgerald.com

312 Millbrook Road, Suite 121, Raleigh, NC 27609

www.katyfitzgerald.com

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All information shared will be kept confidential with the following exceptions;

- a) If I believe you are a danger to yourself or someone else
- b) If you give me written permission to disclose information
- c) In the case of abuse to a child or an elderly person
- d) If the information is court-ordered
- e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement
- f) In case of a medical emergency

Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken.

TERMINATION

The therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination may include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, the patient's needs are outside of the therapist's scope of competence or practice, or the patient is not making adequate progress in therapy. The patient has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, the therapist will generally recommend that the patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to the patient.

REGISTERING COMPLAINTS

You have the right to complain if you believe your rights have been violated. You will not be retaliated against for filing a complaint.

North Carolina Social Work Certification and Licensure Board PO Box 1043, Asheboro, NC 27204

Client initials: _____

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