

Thank you for choosing *Donna Hampton*, LPCS (S3618), LPC (3618), NCC (56256), EMDR-Certified Therapist as your Counselor. It is my desire to treat your counseling needs in both a compassionate and professional manner. All information gathered is in the interest of providing you with quality service and will be held in utmost confidence. Please take time to become familiar with my policies, and feel free to ask any questions.

NO-SHOW AND CANCELLATION POLICY

- When I reserve a session for you, it is important that you are on time for your appointment.
- **My counseling fee is \$150/Initial Intake Session and \$130/subsequent sessions. Payment is expected at time of service.**
 - I accept Cash, Check, & Credit Card (VISA, MasterCard, American Express).
- Advance notice (at least 24 hours*) of cancellation of an appointment is expected and appreciated.
- An **initial no-show and/or same-day cancellation** will be **charged at ½ the rate** of a counseling session.
 - A **second** will be **charged at the full rate** of a counseling session—and is due **BEFORE** a session is re-scheduled.
 - A **third** will be **charged at the full rate** of a counseling session—and **no further appointments will be scheduled.**
 - *I reserve the right to waive this policy under certain circumstances (illness, death, etc.), as I understand that emergencies/urgent situations occasionally arise.
 - ***Please CANCEL counseling sessions when you are sick (no fees will result)—and I will likewise do the same.**
- Counseling sessions last 55-60 minutes and are scheduled as jointly agreed-upon by client and counselor.
- To schedule an appointment call me at **336-749-2952** or e-mail me at **Contact@DonnaHamptonCounseling.com**. **Please note that e-mail is not a secure form of communication; therefore confidentiality cannot be assured.** My voice-mail is confidential, should you need to leave a message. I return calls and e-mails as soon as possible. ***If the situation you are contacting me about is urgent, dial 911 or go immediately to the nearest emergency room.***
- A final session for review and closure is encouraged after any decision to terminate counseling.
- I am unable to meet with a client who is under the influence of alcohol or illegal drugs. Should a client arrive under the influence of alcohol or illegal drugs, ***the session will be cancelled and the full fee will be charged.***

ELECTRONIC COMMUNICATION/SOCIAL MEDIA POLICY

- With your permission as indicated on the Client Information Form, e-mail will be utilized for scheduling purposes; for notifying you of relevant groups or events; etc.
- E-mail is **not** guaranteed to be a confidential form of communication. E-mail **cannot** be utilized for counseling; those issues will be reserved for face-to-face contact in sessions.
- E-mail will be checked only intermittently. In the case of an emergency, clients are directed to **call 911** or to go to the local emergency room. ***Please DO NOT e-mail about urgent situations.***
- With your explicit permission,* I am happy to text you 48 hours in advance of a counseling session **as a reminder**.
- I cannot interact with clients via **personal** social media, such as FaceBook, Instagram, LinkedIn, Pinterest, blogs, etc.

CLIENT BILL OF RIGHTS

As a client of *Donna Hampton*, you have the right to:

- be treated with dignity and respect.
- privacy in your treatment and in the fulfillment of your counseling needs.
- be fully informed of all services available to you.
- voice opinions, recommendations, and grievances in relation to policies and services offered, without fear of reprisal.
- be free from physical, chemical, emotional, and mental abuse.
- confidential treatment of your personal records. Information will not be released without your prior consent, unless required by law or if you indicate intent to harm self or other.
- terminate counseling at any time.

Although clients are encouraged to discuss any concerns with me, if you believe that your client rights have been violated and you would like to file a complaint, you may do so by contacting the North Carolina Board for Licensed Professional Counselors (NCBLPC), P.O. Box 77819, Greensboro, NC, 27417; 844-622-3572 (phone); 336-217-9450 (fax).

I received my Master of Science from the **University of North Carolina at Greensboro in Counseling and Counselor Education** in 1999. **UNCG's Counselor Education Graduate Program**, a highly clinical program, is consistently ranked among the top 5 Counseling Graduate Counseling programs in the country.

I work with adult clients and therefore refer clients younger than 18 years old to practitioners with more expertise with this population. In order to bill through your insurance company, I am required to provide a diagnosis—and I will inform you of that determination. Some clients prefer to pay for counseling services out-of-pocket, and diagnosis is not necessarily required in those circumstances—but may still be beneficial to inform treatment guidelines. I am willing to work with clients who are under the care of a Psychiatrist, Primary-Care Physician, Nurse Practitioner, or Physician Assistant for medication management or other treatment on a case-by case basis depending upon diagnosis, mental health history, etc. I refer to other practitioners any clients whose issues are beyond my scope of practice. I reserve the right to decline clients whose issues and/or expectations are not in line with my education, expertise, expectations, etc.

My early counseling experience included working with cancer patients and their families in a Cancer Patient Support Program. Subsequent experience has been gained through nearly two decades of working with terminally ill patients at the end of life; with their family members and friends; and **primarily with bereaved individuals**. I worked with Hospice & Palliative CareCenter from 1998 to 2016 (18 years) as both an individual and group counselor, as the Director of Counseling Services, as a community educator and speaker, and as a frequently-requested consultant.

I believe that my extensive experience with death-related grief and loss and with both complicated grief and complex trauma enables me to help clients dealing with other types of losses, as well—and I bring that perspective, understanding, and insight to my private practice. Because death-related grief knows no boundaries, the population with whom I have worked is extremely diverse on many levels—age, gender, race, socio-economic status, sexual orientation, gender identity, mental health history, physical health, spiritual/religious affiliation, etc. Additionally, clients bring myriad other personal, family, and relational issues as part of the 'big picture' of their grief journey, so rich diversity in client presentation exists, as well. I have worked for nearly 20 years with clients who are at the most vulnerable points in their lives—and remain inspired by the bravery and resilience exhibited every day. I am grateful for the privilege of helping clients discover or rekindle their own resilience and strength.

I have supervised Graduate Students and other Counselors since 2000 and provisionally-licensed counselors since 2012.

I am certified in **Eye Movement Desensitization and Reprocessing (EMDR)**, an evidence-based psychotherapy for Posttraumatic Stress Disorder (PTSD), other trauma-based issues, depression, anxiety, self-esteem issues, performance enhancement, etc. I utilize **EMDR** as a primary intervention, finding it to be highly successful, rapid, and extremely effective—especially when blended with targeted, person-centered, cognitive-behavioral (CBT) or 'talk therapy.' This powerful and efficient combination of interventions has enabled me to help hundreds of clients not only to experience relief from trauma and associated symptoms, but to also enact enduring change and both personal and professional empowerment. Visit www.EMDR.com to learn more about this evidence-based intervention—and please ask me any questions you may have.

My orientation to counseling **combines EMDR with person-centered, cognitive-behavioral (CBT), psychodynamic, existential, and attachment theories**. I regularly incorporate aspects of **mindfulness** as a powerful reinforcement to EMDR and CBT work. I believe counseling is a process that *empowers clients* to identify strengths, coping skills, patterns, and themes—and to make changes in their lives to live more fully and to find relief, meaning, and purpose.



Research supports that the *client/counselor relationship* is the single most important factor in and predictor of successful counseling—and building rapport, warmth, and trust comes easily and naturally to me. Counseling is a courageous and often emotionally-charged and sometimes uncomfortable process, and I believe whole-heartedly in its effectiveness when clients are willing to do the work with the support of an encouraging, compassionate, well-educated, and skilled clinician.

Please refrain from wearing perfume, cologne, or any other scented products.

I acknowledge that I have read and understand the information on this form.

I consent to receive counseling services from Donna Hampton, LPCS, LPC, NCC, EMDR-Certified Therapist.

If utilizing health insurance benefits for payment of counseling services rendered by Donna Hampton, I provide consent for my PHI to be disclosed as necessary for payment of services.

I have been given an opportunity to ask questions & understand that I may ask questions about services at any time.

CLIENT SIGNATURE: _____ DATE: _____

COUNSELOR SIGNATURE: _____ DATE: _____

*I grant Donna Hampton permission to text me 48 hours in advance of a scheduled counseling session as a reminder. This is the cell phone number for these texts: _____-_____-_____.

I understand that this is NOT to be used for anything other than appointment reminders.

I understand that I may change my mind about this at any time & will let Donna know immediately.

CLIENT SIGNATURE: _____ DATE: _____

COUNSELOR SIGNATURE: _____ DATE: _____

*I DO NOT grant Donna Hampton permission to text me 48 hours in advance of a scheduled counseling session as a reminder.

I understand that I may change my mind about this at any time & will let Donna know immediately.

CLIENT SIGNATURE: _____ DATE: _____

COUNSELOR SIGNATURE: _____ DATE: _____