

Victoria Easom, M.A., LPCI  
Restore Counseling, LLC  
27 Gamecock Ave., Suite 202  
Charleston, SC 29407  
843.608.0714

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## **RESTORE COUNSELING, LLC**

### **PROFESSIONAL DISCLOSURE STATEMENT**

The majority of this document is mandated by both South Carolina State Law & Public Law 104-191, and is provided for your protection. Restore Counseling, LLC has tried to anticipate the risks you may face as a result of being in therapy. If you have any questions regarding any documents you have received, please feel free to discuss them with Victoria Easom, M.A., LPCI.

**Personal Qualifications:** I, Victoria Easom, M.A., LPCI, am a Licensed Professional Counselor Intern in the state of South Carolina. I earned my Master of Arts degree in Professional Counseling from Liberty University in Lynchburg, VA. Prior to graduate school, I received my B.A. with double majors in Bible & Humanities, a minor in English & an emphasis in Philosophy from Columbia International University in Columbia, SC. I provide counseling services for individuals, couples, adolescents, groups, & entities, covering a wide range of issues. Some areas of specialty include relationships, boundaries, stress management, Christian counseling, communication/conflict resolution, stage of life transitions, & personality/identity issues. While I use a variety of methods & therapeutic interventions, I primarily work from a form of narrative theoretical orientation; however, I do not hold a social constructionist belief. If you would like to discuss or clarify my approach to therapy further, please feel free to ask.

**Fee:** Payment is due at the time of service. Currently, insurance is not accepted. Restore Counseling, LLC charges a rate of \$50 per session. Please consult the financial agreement for additional considerations regarding fees & billing. A sliding scale is available with proof of income and must be agreed upon in writing prior to the date of service.

**Ethics:** Clinicians must follow the ethical code of the South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage & Family Therapists, and Psycho-educational Specialists. Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

**Limitations to Confidentiality:** The information you share in therapy is considered protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order signed by a judge, but is considered privileged in the federal court system. I am mandated to breach confidentiality under the following circumstances if I discover that: a) you are threatening self-harm or commit suicide, (b) you are threatening to harm another individual or commit homicide, (c) a child has been or is being abused or neglected, &/or (d) a vulnerable adult has been or is being abused or neglected. Please note that if you wish your health information released to another party, you must sign a specific Release of Information form.

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**Appointment Reminders and Electronic Correspondence:** Often, clients express the desire to receive appointment reminders. With your permission, I will notify you of your upcoming appointment. At times, it may become efficient for us to communicate regarding various matters via suitable forms of electronic communication (email, text/SMS, etc.) However, you must be aware that such methods of communication can pose a threat to confidentiality as they are not, by nature, confidential forms of communication. If you utilize these forms of communication with me, you assume the risk that a third party may be able to intercept those messages. If you agree that you are knowledgeable about these limitations to confidentiality and if you agree to assume the risks of engaging in electronic conversation, please initial here. \_\_\_\_\_ If you consent to receive appointment reminders via text/SMS message, please initial here. \_\_\_\_\_

**Informed Consent:** Your signature on this document verifies that you have received this document and the HIPAA (Notice of Privacy Practices) document, that you understand these documents, and that you consent to treatment. Further, you need to be aware:

- Treatment is not always successful and may open unexpected emotionally sensitive areas.
- Victoria Easom, M.A., LPCI is not a physician and cannot prescribe medications. Be sure to discuss any concerns or side effects of medications with your physician.
- Your therapist may need to consult with your physician, attorney, or other counselor. This will take place only after a Release of Information form has been signed.
- Clinicians are licensed by the South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage & Family Therapists, and Psycho-educational Specialists. This Board may be contacted by mail at: P.O. Box 11329, Columbia, SC, 29211-1329.

Please feel the freedom to inquire for further clarification regarding this document, financial policies, the therapeutic process, or your personal progress in treatment.

I, \_\_\_\_\_, have read and fully understand this document, having had my inquiries satisfied. I have received a copy of this form as well as the HIPAA (Notice of Privacy Practices) document, and have been oriented to the counseling process, expectations associated with therapy, and to my rights as a client of Restore Counseling, LLC. I further acknowledge that I seek and consent to treatment with Victoria Easom, M.A., LPCI and agree to the terms outlined in this document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name