



Buffy Wimmer, MACC, LPC
1036 Assembly Drive
Ft. Mill, SC 29708

Phone: 980-250-2438

Counselor's Professional Disclosure and Client's Informed Consent

It is a privilege to serve you as your therapist. This statement is designed to inform you about my qualifications and clarify our professional relationship.

Education: I completed a Master's in Christian Counseling from Gordon-Conwell Theological Seminary in 2007 and a BS in Dental Hygiene from University of North Carolina at Chapel Hill in 1976. I have actively counseled for eight years and am licensed in North Carolina #7467. I hold certifications in PREP, PREPARE/ENRICH, Grief Share, Positive Psychology and 40 hours in EMDR therapy and 40 hours in Brainspotting.

Counseling experience: I have clinical counseling experience working with individuals, couples, and families. My counseling experience includes depression, anxiety and other mental illness diagnosis, trauma and abuse, grief and loss, relationship difficulties, adjustment and life transitions, codependency and addiction, pre-marital and marital counseling, women's issues, and spiritual direction.

Theoretical approaches: I take an integrated approach to counseling that stems from Christian and Biblical principles combined with psychological principles. I utilize psychodynamic, family systems and cognitive-behavioral approaches with the addition of Positive Psychology principles and EMDR therapy for trauma.

My goal in our sessions will be to help you address your concerns, issues or difficulties in your life and endeavor to develop more effective coping skills and increase personal satisfaction.

Client Populations: I will agree to meet with a potential client regardless of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socio-economic status. I may decline meeting with a client if I feel, in my professional opinion, that I cannot help them or if they would be better served with the services of another professional. If a referral elsewhere is needed, I will provide information regarding services for the client's consideration.

Confidentiality: The privacy and confidentiality of our conversations and my records is a privilege of yours and is protected by state law and by the professions ethical principles, in all BUT the following circumstances: 1) when I believe you intend to harm yourself or someone else (including child or elder abuse), 2) you direct me in writing to disclose information to someone else and 3) I am ordered by a court to disclose information.

Length of sessions and Fee/Method of payment: ****Please note all sessions will be \$155.00 beginning August 1 2023**
All appointments are \$155.00 per 55-minute appointment. A sliding scale is available at \$100.00- \$125.00 but this must be discussed at the initial appointment. If you are unable to keep an appointment, you must contact our office to cancel or reschedule at least 24 hours before the scheduled time. You may call and leave a message on the voicemail system. If not, then a fee will be charged for the missed appointment. *****Please read and fill out the last page of this document.**

Social media/Email/ Search engines: Social media is neither private nor confidential, I do not accept (or seek out) "friend" requests or "follow" any current or former clients on any social media platforms. I will also not engage you in any public forums over the Internet, because to do so would blur the professional nature of our relationship and could

compromise the privacy that we seek to guard. I will also not seek testimonials from current or former clients, including reviews on various web-based search engines.

Electronic communications (E-mail, texting SMS), etc.) are not encrypted or secure and may not be received in a timely manner. The best method is to contact the office at the phone number listed above. Please do not send or forward unsolicited information, articles, websites, etc. to your therapist as this is also not secure and could become part of your medical and/or legal records.

Court/Legal testimony: I am not trained in forensic psychology, and, therefore, rarely give court testimony. If you believe that court testimony may be necessary, please discuss this with me in our first session or as soon as you become aware of such a necessity.

Complaint procedures: I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. If you are dissatisfied with any aspect of my work, please inform me immediately. If you think that you have been treated unfairly or unethically by me and the issue(s) cannot be resolved, you may register a complaint with: South Carolina Department of Labor, Licensing and Regulation. Synergy Business Park; Kingstree Building. 110 Centerview Dr. Columbia, SC 29210. 803-896-4300

Acknowledgment: I have read the above. I am informed about the policy regarding the confidentiality of information I may provide during counseling and the limits of that confidentiality. With a full understanding of these provisions, I give my informed consent to receive counseling services.

Client (or legal guardian) Signature & Date: _____

Client Signature & Date: _____

Counselor Signature & Date: _____

Collaborative Counseling Group is asking for a **24-hour cancellation email or phone call**. We understand emergencies happen but to keep expenses down, we require a credit card kept on file. If a last-minute no-show or cancelation occurs, and this is the first time, we will reschedule you with no charge. Yet, if this occurs a second or third time, your credit card will be charged the full amount of the appointment unless you reschedule the same week at a different time.

Please fill in the information below:

Credit Card type:

Number:

Expiration date/year:

CVV number:

Zip code the credit card is affiliated to:

Signature: _____

Thank you for your understanding. We will inform you of any charges via email if this does occur.

Staff at Collaborative Counseling Group
980-250-2438