

Rabinowitz Counseling Services, LLC
Lisa Rabinowitz, LCPC
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Pikesville, MD 21208
410-736-8118

Welcome to my practice. I look forward to working with you.

PSYCHOTHERAPY DISCLOSURE STATEMENT

The therapeutic process creates a safe environment for the client(s) to work on his/her issues because clearly defined rights and responsibilities are established by the counselor and client. This process is useful when the individual/couple needs to make a decision or faces times of change, confusion, or distress. The counselor will work with you to explore, discover or clarify ways to tap into your overall well-being. In addition, the counselor will try to help you figure out this process and develop a support system. Also, the counselor will try to help the individual/couple to explore different solutions related to these times of change, confusion, distress, or difficult decisions to be made. The counselor assists the individual/couple to define his/her boundaries and work toward a solution that he/she is comfortable with. The client(s) can refuse to participate in therapeutic process at any time.

THERAPIST BACKGROUND

Lisa Rabinowitz holds her Masters in Clinical Psychology and is a Licensed Clinical Professional Counselor (LCPC), receiving her education from American University, East Carolina University and Grand Canyon University. She has completed her Certification in Gottman Method Couples Therapy. She receives ongoing professional development, as well as has a diverse educational and employment background that has resulted in a

unique blend of expertise. She believes that clients have the right to be treated with respect and courtesy regardless of their national origin, gender, sexual orientation, age and or religious preference.

CONFIDENTIALITY

Under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA), you have the absolute right to confidentiality in therapy. Professional ethics and state laws protect the confidentiality of information shared in counseling.

Counseling involves the clients' disclosure of sensitive personal and private information.

With this being said, Rabinowitz Counseling Services, LLC will not acknowledge, nor will we release information about your actual counseling to any outside agency or individual without your written permission. In the following cases, a few exceptions will be made:

1. If she has good reason to believe that you may harm yourself then she will discuss ways you will remain safe (a safety plan); however, if she has good reason to believe that you may harm or hurt yourself then she has the legal obligation to contact the police or a crisis team.
2. If she has good reason to believe that you may cause harm to others, then she has the legal responsibility to contact the police or a crisis team. Also, she is obligated to contact the intended victim as well.
3. If she has good reason to believe that a child or vulnerable adult is being harmed, hurt, neglected and/or abused by you or someone you know, then she must contact Child Protective Service, Adult Protective Service or another appropriate agency.

In addition, she will consult with other clinical professionals for supervision of her cases to provide the best services. When doing so, she does not disclose the client's full name or specific identifying information; unless she believes it may be a medical or mental health emergency.

BENEFITS AND RISKS OF THERAPY

The benefits of therapy are, but not limited to: getting the help and treatment needed to deal with your problems; managing your life with less stress; having better skills to cope with life's challenges; and finding answers to specific problems. She can not guarantee or promise specific results from therapy. The risks in therapy include, but are not limited to: having to go back in the past to events that may cause feelings of sadness, loneliness, fear, anxiety or other unpleasant feelings; experiencing a series of uncomfortable feelings; and working through issues that may be challenging to your sense of well-being.

CLIENTS' RIGHTS TO THEIR FILES

Clients have the right to access their files written by their counselors. Clients have a legal right to check their files and make copies of their documents at any given moment. The files include: documentation of my clients' progress, different ways of handling the counseling sessions, the advantages and disadvantages of the sessions, and other descriptive notes about the session. The purpose of the counselors' notes is to help determine the best treatment option available and to avoid mishandling cases. She respects her clients' wishes of confidentiality, so she takes safe measures to protect her clients from unauthorized individuals accessing their files unless court ordered. The files of the client are her property and are maintained in a safe, secured area. The only people

that can access the client's files are the client and her, unless the client grants permission to have others view his/her files. If the client is under the age of eighteen, parents or legal guardians will be notified of the limitations on the right to access their children's files. She respects her clients and does not discriminate on the behalf of denying anyone access to their files.

COMPLAINTS

If at any time, you are displeased with your therapy sessions, she encourages you to speak to her about it. She is happy to discuss your concerns, and respect your feelings. If at any time, you believe that you need to make a complaint about my ethics or behavior, then you can contact the Maryland Board of Licensed Professional Counselors and Therapists, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299 or call them at 410-764-4732.

TERMINATION OF THERAPEUTIC SERVICES

The client has the right to end the counseling relationship at anytime. For any reason, if the client or therapist believes that progress is not being made, then the client or therapist may talk about ending therapy and possible alternatives. Please let the therapist know if you desire to end therapy (for any reason), so we can do a session summary, and seek possible suggestions for the future. It is very important that we look at possible resources and alternatives for you, whether that involves working with a different professional, model of therapy, group etc.

I have read, understand and agree to the above statements.

Print _____

Signature _____ Date _____

For Couples:

Print _____

Signature _____ Date _____