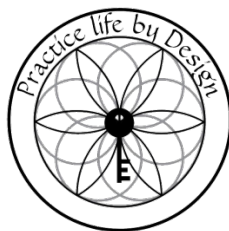


CLIENT DISCLOSURE STATEMENT



THE PRACTICE
thepracticelife@pm.me
(44) 7479 329846
www.the-practice.me

11am-5pm Mon-Thurs.
10am-3pm Friday
Later or Earlier time by request

Please take the time to carefully read this disclosure statement. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs. Please discuss any questions or concerns you may have either now, or during the course of your treatment.

My qualification: I completed a Masters of Arts Degree in Biblical Studies then Clinical Psychology, with a specialisation in Consciousness, Spirituality and Integrative health, and a PhD in Humanistic Psychology. I am an intuitive empath with high sensitivity personality type. I work from a holistic approach. I have an acute understanding of trauma and abuse as my background is littered with traumatic experiences (from childhood thru earlier adulthood) which I have had address during throughout my adult life and during my training. I meditate daily and enjoy hillwalking, listening to music, going to classical concerts/plays, reading and research. I indulge in self-care and try to maintain a balance lifestyle.

The Therapeutic Process: I believe that therapy helps you to find your authentic self and learning to embrace the existential crisis that is part of life. Therapy is not a "one size fits all" exercise. The best therapy for the individual is the therapy that works. Thus, it is my passion to develop a genuine relationship with my clients where we can safely have difficult conversations, resolve conflicts and issues that limit your ability to experience a sense of wellbeing. My goal is for you to achieve your fullest potential and to live the best life you desire. I will collaborate with you to recognize your strength and gifts, become aware of your true self, recognize limiting beliefs, unfavourable coping mechanisms, and discover compassionate ways of living with self and in community.

My orientation is holistic humanistic/existential constructivist approach while my therapeutic modality is primarily "Client centred" engaging Narrative, Solution

CLIENT DISCLOSURE STATEMENT

focus, Mindfulness, Clinical Hypnotherapy and Cognitive Behavioural Therapy. (CBT). I also engage other modalities when appropriate and warranted.

Therapy has both benefits and risks. During the course of therapy, you might notice changes in your symptoms, problems, and functioning. Therapy typically produces benefits over time, but sometimes as you get to the root of tender issues, you may feel them even more acutely, but this is temporary. However, as you commit yourself to work through your vulnerable issues, find solutions and build upon your strengths, you will see improvements throughout our work and in the future.

SERVICES

THE PRACTICE, offers therapy to individuals and couples. I see clients ages 18 and over. I offer case management services, which includes but not limited to providing report for disability and unemployment. I also offer therapy for individuals who are court mandated for treatment.

Virtual Sessions

I (patient's name) hereby consent to engage in (VIRTUAL THERAPY). I understand that "Telehealth" includes the practice of health care delivery, diagnosis, and treatment consultation using interactive video, audio, and/or data communications. For Telehealth sessions, we will be connecting using a system that is encrypted. It is my responsibility to choose a secure location to interact with technology-assisted media. Additionally, I agree not to record any Telehealth sessions. During a Telehealth session, we could encounter a technical failure. The most reliable backup plan is to contact one another via telephone. I will ensure that I have a phone with me, and I have provided the phone number.

Financial Responsibilities: Please confirm your insurance coverage and patient responsibility before your first appointment with me. Your patient responsibility (deductible) is determined by your insurer and is due at each visit before your session begins.

My private fee rate:

Payable by credit card or

Direct bank payment: (request bank details)

£70 per 75 minutes session for individuals,

£90 per 75 minutes for couples.

I work with all my clients on a reoccurring, weekly basis. Your appointment time is reserved specifically for you, and I will ask all my clients to respect this time.

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If you cancel several sessions, I perceive this as a barrier to a positive therapeutic process. You will be removed from your recurring appointment slot and placed on my on-call list. I will reach out to you by phone when times slot become available.

Cancellation: A minimum of at least **24 to 48 hrs.** notice is required to reschedule or cancel without a fee. A fee is assessed for cancellations on a notice shorter than **24 hours.** The missed session (no show) will be billed at my discretion at the same rate as your session. Insurance cannot be billed for missed sessions. Since this fee is assessed at my discretion, please direct all questions to me.

Release of Information

I authorize my provider, Mariska McGorski, of THE PRACTICE to release information to insurance carrier(s) listed and be paid directly by insurance carrier(s) for services billed. I acknowledge that I am responsible for all charges not paid by the insurance companies.

Signature of Financially Responsible Party: _____

Relationship to patient: _____

Date: _____

Confidentiality and Access to Records: All information disclosed within sessions is confidential. It will not be disclosed to anyone without your written permission. Disclosure will be required when a client is a danger to self or others.

My signature below is acknowledgement that I am the client, or the person authorized to consent for mental health treatment for the client and consent to services provided by Mariska McGorski, that I have read and understood the disclosure information and have received a copy of this disclosure form.

Signature Responsible Party: _____

Print name: _____

Signing on behalf of: _____

(if patient is unable to consent)

Relationship to patient: _____

Date: _____

Emergencies:

As an independent, private practice clinician, I do not offer crisis coverage. If you are experiencing emergencies or a threat to yourself or others, please call 111 (NHS 24) or go to the nearest hospital emergency room (A&E)