

Lisa Gray, M.Ed., LMHC
G R A Y Wellness Consulting
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Professional Disclosure Statement

Qualifications: I hold a Master’s Degree in Education from Lesley University and a Master’s Degree in Counselor Education from Bridgewater State University. I am Licensed as a Teacher, a Mental Health Counselor and as a School Adjustment Counselor with the State of Massachusetts. I am licensed as a Mental Health Counselor in the State of Rhode Island.

What to expect from therapy and what I expect from clients: As a licensed professional counselor with a specialty in mental health, I am interested in the growth, development, and wellness of the whole person. I respect the uniqueness of each person. My responsibility is to facilitate and empower your use of thoughts, feelings, and behaviors to achieve healing and wholeness in your life. Counseling presents you with the opportunity to invest in your personal, emotional, cognitive, behavioral, and spiritual well-being and growth in the context of a helping relationship. Your goals for seeking counseling will give direction to our work together. My style of counseling is based on a systems theory perspective which is a generic term for conceptualizing a group of related elements that interact as a whole entity. There are three basic assumptions that distinguish the systems theory: causality is interpersonal, psychosocial systems are best understood as repeated patterns of interpersonal interaction, and symptomatic behaviors must be understood from an interactional viewpoint. Expectations of you as a client(s) are that you actively participate in the counseling process; arrive to appointments on time; give advance notice of cancellations; inform me of any other ongoing counseling, keep me updated about any medications you are taking, and get a physical examination if you have not had one in the last year.

Our relationship is strictly a professional one. Our contact will be limited to counseling sessions you arrange with me except in case of emergency in which case you may call or text me using the secure texting app that we have arranged to use, and I will get back to you as soon as possible.

If in immediate distress please go to the local crisis center or Hospital in your area. You can call 988 to reach the suicide & Crisis Lifeline

<ul style="list-style-type: none">• New Bedford Crisis Center 543 North Street New Bedford, Ma 508-984-5566	<ul style="list-style-type: none">• St. Luke’s Hospital Emergency Dept. 101 Page Street New Bedford, Ma 508-997-1515
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Confidentiality: As a counselor, my primary responsibility is to respect the dignity of my clients and to promote their welfare. I am required to abide by the professional practice standards for Licensed Mental Health Counseling, School Adjustment Counseling, and Massachusetts law. I am prohibited from disclosing confidential information to any third party without your written consent or unless mandated or permitted by law to do so. Verbal authorization will not be sufficient except in emergency situations.

State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Initial here if this section has been read and understood

When working with children or adolescents, it is imperative to keep the content of the counseling session confidential in order to enable your child to confide in me and for counseling to be effective. Unless adolescents trust that communication in counseling will not be shared with parents or guardians, they will not confide in me. There are many issues that may be addressed in counseling and will not be disclosed to parents/guardians. These issues include use of cigarettes, alcohol, and drugs, sexual concerns or behavior, involvement in gangs, cutting classes or truancy, school failure, unauthorized time spent with peers, and

criminal activity. I will work with your adolescent to help him or her behave in ways that are not self-destructive, that do not limit his or her options for the future, and that are considerate of others. If any of these issues rise to the level of serious, imminent danger to self or others, parents/guardians and/or appropriate authorities will be notified.

Initial here if this section has been read and understood [redacted]

When working with families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. When working with a family, information shared by individuals in sessions where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of counseling. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during family therapy could impede or even prevent a positive outcome in therapy.

Initial here if this section has been read and understood [redacted]

Court and Legal Proceedings

G R A Y Wellness Consulting does not provide disability determination, custody studies, or handle court issues.

G R A Y Wellness Consulting does not perform court evaluations nor does Lisa A. Gray, LMHC appear in court on behalf of individuals, children, adults or families. G R A Y Wellness Consulting services are designed to assist in alleviating problems through individual or relational counseling. Lisa A. Gray, LMHC is not trained for, nor does she maintain records with the intended purpose of court involvement. In addition, the legal process is such that I may be compelled to reveal information about you that could affect you negatively or undermine your relationship with me. Because the client-counselor relationship is built in trust with the foundation of trust being confidentiality, it is often damaging to the therapeutic relationship for the counselor to be asked to present court records to the court, testify whether factual or in an expert nature, in court or deposition. Should I be called to court by a judge court order, or my records court ordered or subpoenaed, I will charge the full amount applicable under law for my services. Copies of records are available for a \$20.00 processing fee, \$1.30 per page for copying. In the event that it is necessary, by court order or by subpoena, for me to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay me for my services, (including but not limited to: travel, necessary expenditures (copies, parking, and the like), time spent speaking with attorneys, reviewing records, and preparation of reports) @ the rate of \$250.00 per hour, rounded to the nearest half hour. The client further agrees to pay a retainer fee of \$2000.00 two weeks prior to the court appearance, presentation of records, or testimony requested. Checks will not be an acceptable form of payment for these services.

Initial here if this section has been read and understood [redacted]

Account Responsibility

You are responsible for payment to G R A Y Wellness Consulting / Lisa Gray, LMHC for all services rendered, due at the time of service. Payment is accepted via credit card which will be kept on file, or via Venmo at the time of service. If you decide to suspend or terminate your care and treatment, any outstanding balance will be immediately due and payable.

Initial here if this section has been read and understood [redacted]

Potential benefits and risks of therapy:

1. The goal of counseling is to reduce psychological problems that cause internal distress and/or problems in relationships.
2. While in counseling some individuals (adults, teens and children) may experience an increase of internal upset or a different problem may surface during the course of counseling. These problems can include increases in anxiety, depression, sadness, sleep disturbances, eliminatory disorders, intrusive thoughts, flashbacks, self-destructive or angry impulses, behavior problems, social problems, academic problems, suicidality, and problems in family relationships. Hospital care or residential treatment may be necessary.
3. In most cases counseling eventually improves an individual's (adult, teen, or child) sense of well-being and one's relationships. In some cases, a client may obtain little or no benefit from counseling or become worse. It is not always possible to predict the outcome for an individual. Given this knowledge, the decision to begin, continue, or terminate counseling is yours. Parents/guardians make the decision to begin, continue, or terminate counseling for their teen or child. An exception; a teen at a certain age is able to seek counseling without parental consent in cases involving issues of child abuse, sexual assault, substance abuse, birth control, pregnancy, sexually transmitted diseases, and severe psychological need.
4. It is important to consider that if a genuine mental health issue is present, and counseling is recommended, but not pursued, an individual may experience a worsening of symptoms and a decrease in overall functioning.

Appointments: Appointments are typically scheduled at the close of each session unless other arrangements are made.

Failure to cancel an appointment with twenty-four hour notice will result in a charge for the time reserved for you. **Initials:**

By your signature below, **you are indicating that you have read and understand this statement**, or that any questions you had about this statement were answered to your satisfaction.

Client's Name (print) Date Client/Guardian signature Date

I, **consent to treatment** provided by Lisa A. Gray, M.Ed., LMHC of
Client's Name (print) G R A Y Wellness Consulting **via Telehealth.**

Client / Guardian signature Date

Acknowledge receiving HIPPA Information

Client/ Guardian signature Date