



A Secure Base, LLC Julie Mahoney, LPC Lowcountry Psychiatric Group 913 Bowman Road Suite 104 Mount Pleasant, SC 29466 and of East Cooper Montessori Charter School Disclosure Statement and Consent for Treatment with Julie Mahoney, LPC The majority of this document is mandated by both South Carolina State law and Public Law 104-191; it is provided for your protection. A Secure Base, LLC has tried to anticipate any risks you may face because of being in therapy.

If you have any questions regarding the documents you have received, please feel free to discuss them with Julie Mahoney, LPC Contact Information: A Secure Base, LLC is located at Lowcountry Psychiatric Group 913 Bowman Road Suite 104 Mount Pleasant, SC 29466. This is also our mailing address. Julie Mahoney's office hours are Monday thru Friday 3:00 to 8:00 PM and Tuesday and Friday 8:00 to 2:30 PM at East Cooper Montessori Charter School. Our clients are seen by appointment only and you can self-schedule in the client portal. You can also self-cancel. Our telephone number is 952-922-2912 (the voicemail is confidential). Our email address is JulieMahoneyLPC@gmail.com it is checked at least once every working day. Our webpage is <https://julie-mahoney-lpc.clientsecure.me/> and contains more information regarding Julie Mahoney, LPC. Susan Durand is A Secure Base, LLC billing and insurance specialist and please direct all billing and insurance inquiries to her at [susan@sypractice.com](mailto:susan@sypractice.com) Supporting Your Practice, LLC 843-608-3552. Email is the best way to get a hold of Susan.

Personal Qualifications: Julie Mahoney, LPC is the Child and Adolescent & Family Therapist - A Secure Base, LLC. Please note some of her credentials listed below: • South Carolina Licensed Professional Counselor #8008 • TF-CBT certification MUSC 2019 • Amy J. Baker Ph.D. Case Consultation and Mentor twice monthly 2022 to present • Powerfully You certified 2022 • Charleston Cooperative Family Law Association 2022 member and presenter • Trauma Informed School Certification 2018 • Maryland Association of Play Therapy 2017 • American Counseling Association (member since 2014) • High Conflict Divorce and Custody Supervised Visitation Network Gold Standard certification 2017 • CARF certified 2019 • Developmental Repair Model - Washburn Center for Children Day Treatment Program 2015-2016 Julie Mahoney, LPC received her Bachelor's Degree BA from Loyola University of Chicago in Illinois, her Master's Degree MA from Chicago School of Professional Psychology in Washington D.C. Services: Julie Mahoney, LPC provides a number of psychotherapeutic services which include: • Diagnostic Assessment • Anxiety Screen SCARED assessment • Depression Screen PHQ9 Modified to Teens • Trauma Assessment • Cognitive Behavioral Therapy • Trauma-Focused Cognitive Behavioral Therapy • Mindfulness and Relaxation Techniques • Parent Coaching and Behavioral Modification • Social Skills • SMART Goals

Fees: It is customary to pay for professional services at the time they are rendered. The initial appointment is \$200-hour (50 min) fee for individual, couple, and family therapy and subsequent appointments are \$175 per hour (50 min).

Confidentiality: The information you share in psychotherapy is 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 only by a judge) but is considered privileged in the federal court system. East Cooper Montessori clients may have information shared by me with the MTSS team which meets on Tuesdays 11:30-12:30 as a part of a select group of Principal, Jody Swanigan, Vice Principal, Lisa Klus, Psychologist, Courtney Lightfoot, and Guidance Counselors, Jordan Bates and Jessica Miller and only limited information as it may impact the child's ability to learn in the classroom.

Julie Mahoney, LPC is mandated by standards - through Duties to Warn - to breach confidentiality if she discovers: 1.) you are threatening self-harm or suicide, 2.) you are threatening to harm another or homicide, 3.) a child has been or is being abused or neglected, and/or 4.) a vulnerable adult has been or is being abused or neglected. Finally, if you wish your protected health information released to another party, you must sign a specific Release of Information.

Ethics: Julie Mahoney, LPC follows the Code of Ethics of the following organizations: The South Carolina Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists the American Counseling Association (ACA, member since 2014) Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

Informed Consent: You will be asked to sign the last page of this document. Your signature verifies you have been given this document and the HIPAA document that follows; that you have read and understand these documents, and that you consent to treatment.

Further you need to be aware: Treatment isn't always successful and may open unexpected emotionally sensitive areas. Julie Mahoney, LPC is not a physician and cannot prescribe medications. Julie Mahoney, LPC may need to consult with your physician, attorney, or other counselor. Julie Mahoney, LPC is not available 24 hours a day.

Julie Mahoney, LPC is licensed through the SC Board of Examiners for The Licensure of Professional Counselors; this Board is located in The Synergy Center (Kingstree Building) in Columbia, South Carolina at 803- 896-4652 (mailing address is P.O. Box 11329, Columbia, SC 29211-1329).

Health Insurance Portability and Accountability Act of 1996 (HIPAA) This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file (all medical records or other individually identifiable health information held or disclosed in any

form [electronic, paper, or oral]) is considered “protected health information” by HIPAA. As such, your protected health information cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined immediately below. Additional information regarding your rights as a client can be found in your therapist’s/counselor’s Professional Disclosure Statement and Consent for Treatment. Use or disclosure of the following protected health information does not require your consent or authorization: 1. Uses and disclosures required by law - like files court-ordered by a Judge 2. Uses and disclosures about victims of abuse, neglect, or domestic violence - like the Duties to Warn explained in your therapist’s/counselor’s Disclosure Statement 3. Uses and disclosures for health and oversight activities - like correcting records or correcting records already disclosed 4. Uses and disclosures for judicial and administrative proceedings - like a case where you are claiming malpractice or breach of ethics 5. Uses and disclosures for law enforcement purposes - like if you intend to harm someone else (see Duties to Warn in your therapist’s/counselor’s Disclosure Statement) 6. Uses and disclosures for research purposes - like using client information in research; always maintaining client confidentiality 7. Uses and disclosures to avert a serious threat to health or safety - like calling Probate Court for a commitment hearing 8. Uses and disclosures for Workers’ Compensation - like the basic information obtained in therapy/counseling as a result of your Worker’s Compensation claim

Your Rights as a Counseling/Therapy Client under HIPAA As a client, you have the right to see your counseling/therapy file. Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.

As a client, you have the right to receive a copy of your counseling/therapy file. This file copy will consist of only documents generated by us. You will be charged copying fees @\$20/page. As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed. As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated. Prior to your counseling or therapy, you will receive 1.) an exact duplicate of these two pages and 2.) your therapist’s/counselor’s Professional Disclosure Statement and Consent for Treatment - both for your personal records. It will be necessary for you to sign a certificate indicating that you have received, read, and understand both documents. This certificate will be placed in your counseling/therapy file.

Please do not sign the certificate if you do not understand any part of the HIPAA Client’s Rights or the Professional Disclosure Statement and Consent for Treatment. Your counselor or therapist will be happy to explain these documents further.

Please leave with Julie Mahoney, LPC Disclosure Statement and Consent for Treatment with Julie Mahoney, LPC I acknowledge that I have received and read the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights. I further acknowledge that I seek and consent to treatment with Julie Mahoney, LPC. My signature below confirms that I understand and accept all the information contained in the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights.

\_\_\_\_\_ Signature of Client \_\_\_\_\_ Date

If more than one individual (e.g., spouse or family member) is seeking therapy, please have each of the others sign below. Signatures below confirm that each understands and accepts all the information contained in the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights, and that each seeks and consents to treatment. We will provide additional copies of the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights upon request.

Signature of Client #1 \_\_\_\_\_

Signature of Client #2 \_\_\_\_\_

Signature of Client #3 \_\_\_\_\_

Signature of Client #4 \_\_\_\_\_