

Sarah Evans Zalewski, Ph.D., NCC, LPC, ACS, BC-TMH  
Sarah Zalewski, LLC

## **Disclosure Statement & Informed Consent**

Welcome! I hope that we have a productive counseling relationship and I look forward to getting to know you and to help you so that you no longer need my services.

### **I. The Nature of Counseling**

Counseling is a relationship based practice that is defined by the American Counseling Association as “The application of mental health, psychological, or human development principles, through cognitive, affective, behavioral or systematic intervention strategies, that address wellness, personal growth, or career development, as well as pathology.”

Counseling can be immensely helpful and have long lasting positive results. However, any growth has the potential to be painful, and at times counseling may be a difficult task. However, I will walk alongside you and your child and help you navigate the process as painlessly as possible, while still being effective. We are a team and I will not lead you into places where you are not willing to go. At all times you are encouraged and expected to ask questions if you have any concerns.

Counseling can be a lengthy process, or it can be relatively short, depending on the unique person and circumstances. At times your health insurance may impose a limitation on the number of sessions. Please consult with them to ascertain this limit.

Counseling services will end when both you (the client) and I (the counselor) agree that you have reached your goals and are ready to terminate counseling. However, at any time you are free to end our counseling relationship. If you feel that our relationship is not working for you, but you want to continue counseling with someone else, I will be happy to provide you with referrals and to coordinate with your new counselor. There may be times when I feel that you are best served by a counselor with a different specialty or that you need a different level of care, and we will work together to transition you to a different clinician.

## II. Contact Information

You can contact me by phone at 860-249-1697 or email [sarah@sarahzalewski.com](mailto:sarah@sarahzalewski.com). If I don't immediately answer please leave a message. In most circumstances I respond within 24 hours.

Dr. Evans Zalewski's email address may be used for scheduling purposes or billing questions. Dr. Evans Zalewski cannot ensure the confidentiality of email communications, therefore please do not use this email address for confidential matters. **Emails, text messages, and voicemails will not be maintained as part of the clinical record (and therefore by agreeing to this you are noting that these will not be subpoenaable) and will be deleted upon receipt.** However, at her discretion Dr. Evans Zalewski may include them in the clinical record.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

You may use text messaging (SMS) to contact me – however, this should only be used to confirm/cancel/reschedule appointments. It should not be used for anything personal in nature.

## III. Education / Certification / Licensure / Experience

I have a Ph.D. in Counselling Education & Supervision from the University of the Cumberlands. I have a Masters of Science in Counselor Education from CCSU, and two Bachelor of Sciences from CCSU: Psychology and Criminology.

I am a State of CT Licensed Professional Counselor (LPC) and a National Certified Counselor (NCC). I am a Board Certified Telemental Health (BC-TMH) provider, as well as an Approved Clinical Supervisor (ACS). I am a Registered Play Therapist.

Additionally, I have past volunteer experiences as a sexual assault crisis counselor and an American Red Cross disaster mental health responder. I am a certified school counselor. I am employed as an Assistant Professor in the Counselor Education and Family Therapy Department at Central Connecticut State University. I have worked as an Emergency Mobile Psychiatric Services (EMPS/211)

crisis clinician. In the past three years I have completed over 100 hours of continuing education.

#### **IV. Supervision / Consultation**

I am not currently required to be under supervision, and am licensed to practice on my own within the State of CT. I may at times engage in consultation with my peers to ensure that my clients are getting the best treatment they can. During consultation no identifiable information is shared. Should I have the need to share this information, in order to serve you better, I will ask for written permission.

I may, from time to time, ask written permission to audio or video record a session, ensuring that client confidentiality is secured. These recordings will be used to review my clinical practice. At no times will I share any personally identifiable information without your explicit written consent.

#### **V. Nature of Services**

I offer in-home & office counseling, which is structured within a CBT framework. I utilize parts of other counseling theories, where helpful to my clients, including, but not limited to, dialectical behavioral theory (DBT), trauma-focused CBT, motivational interviewing, gestalt, humanistic and existential counseling.

#### **VI. Office location**

My office is located within my home, the address will be sent to you once we begin counseling. Please note that this is a non-smoking, non-vaping location. The following is important information for you to know:

##### **Entrance:**

The entrance to the counseling office is to the left of the house, when looking at the house from the street. There is a paved driveway for you to park in, and the office door is the sliding glass door at the end of the driveway.

Please do not come to the front door; I cannot guarantee your confidentiality at this entrance.

For security purposes **all** entrance doors have security cameras. Please be aware that by agreeing to be my client you are agreeing to this. Security footage is kept in a secure password protected account.

##### **Facilities:**

There are no publicly available bathrooms at the office. There are several Dunkin' locations nearby that have public restrooms and are conveniently located. One is at 38 Windsor Avenue, Vernon. There is also a 7-11 at 180 Union St, Rockville.

### **Waiting room:**

There is no spot for multiple people to wait, therefore please do not come until it is time for your session. If you arrive earlier, please wait in your car, and be mindful not to block anyone else in.

There are several choices for waiting parents once an appointment has begun:

1. *You can remain in your car in the driveway.* However, if you choose this option it is possible that the neighbors will see you and your confidentiality could be compromised.
2. *You can wait inside in the parent waiting area.* Please remain in the designated area and don't wander into the basement. There is a security camera in the basement that would record you and could compromise your confidentiality.
3. *You can wait outside on the patio furniture there.* However, if you choose this option it is possible that the neighbors will see you and your confidentiality could be compromised.
4. *If your child is not in crisis you are welcome to leave and run errands in the local area.* There are many restaurants and stores conveniently located. There is a lovely park down the street if you would like to take a walk there. However, if you choose this option please ensure that you have your cell phone on and are ready to receive calls should you be needed.

### **Confidentiality:**

It is possible that you may see members of my family and that they could see you. They are aware of client confidentiality and will stay out of the area; this space is exclusively for counseling purposes and they have no reason to be there. Should you encounter them they will be polite and respectful, and leave the area.

### **Allergies:**

We do have several pets that live in the home. **If you have severe animal allergies then you may want to reconsider choosing me as your counselor.** In consideration of myself as well as other clients, the whole property, including the exterior, is a non-smoking, non-vaping location.

## **VII. Meeting at your home or in the community**

Should we meet within your home (or on a "walk and talk"), you are aware that I cannot guarantee confidentiality, as I cannot control who has access to your home (or the path we are walking on) while I am there. Out-of-office counseling presents

a number of challenges to your privacy, confidentiality, and communication between you (the client) and me (your counselor). In particular, neighbors, friends, and additional family members who may drop by your house (or be on the path), join a session, see us out in the community, or be invited by some family members to join the session will be privy to confidential communications.

While these additional people are present at the counseling session with the family's, or at least some family member's permission, this situation still stretches the concept of privacy and confidentiality beyond the traditional professional view of counseling in-office. Therefore, it is my duty to warn you that your privacy may not be protected and confidentiality may be compromised as we conduct in-home or "walk & talk" counseling together.

Additionally, I offer telemental health services, wherein I "meet" online with my clients. We operate through a secure online portal. Please read further in section **XIII. Online Counseling.**

#### **VIII. Fee Structure**

I charge \$250 for a 55-minute counseling session. I also offer a 25-minute counseling session for \$130. An initial intake appointment is \$300 and can be longer than a standard appointment. The intake may include taking a history and performing an initial assessment.

When working with families/children, in addition to the time spent with the child, I also spend some time with the family both before and after the session to learn about current functioning and also to share this week's "homework" with the family so that they may assist their child in completing it.

I am available for school consultation and 504 meeting/PPT attendance. However, in most cases insurance does not pay for this service. I bill at my hourly rate (\$200/hr) for this service, inclusive of travel time. Should fractional hours in attendance happen, I will bill a proportionate amount.

Should you choose to have me appear at Court or a deposition, a practice which I strongly discourage, I charge \$500/hour, including time spent preparing, consulting, and in transport. There is a minimum retainer of \$5,000 for court involvement.

#### **IX. Billing / Insurance**

I only bill Anthem, Aetna, Optum/United and their companies, and Husky.

All others must pay at the time of the session. If you would like I will provide you with a superbill that you can submit to your insurance company for out-of-network benefits.

If you have insurance I will bill your insurance company and will be required to share information about you or your child with them, including a diagnosis. By providing me with your insurance information you are agreeing to this. It is your responsibility to assist in filing claims as required by your insurance company.

### **X. Payment / Collections**

Payment is due and payable at each session in the form of cash, check or Mastercard/Visa.

Should there be an outstanding balance, a canceled check, or a chargeback we will need to address that situation before regular counseling can be continued. It is possible that I will need to engage a third party collection company.

### **XI. Cancellation Policies & Fees**

There will be a \$65 charge for all appointments not canceled with at least 48-hour notice. Every client will be given one “free pass” to use within a four-month period, as it is understood that sometimes things unexpectedly happen. All other cancellations will be billed.

If you are unable to keep your appointment please contact Dr. Evans Zalewski. After the second missed appointment in a row without contact I will assume that you are dropping out of counseling and close your file, removing all further appointments from the schedule.

If there is a pattern of canceled appointments, Dr. Evans Zalewski and you will spend some time in session to discuss whether counseling is appropriate at this time, or whether another provider would be better suited to meet your needs.

### **XII. Emergencies**

*Should an emergency arise, please ensure the safety of yourself or your child first,* then contact me. There are three ways you can ensure you or your child is safe:

- 1) Call 911
- 2) Bring yourself/her/him to the nearest emergency room.

- 3) For children - contact Mobile Crisis/EMPS (Emergency Mobile Psychiatric Services), they will assess your child and make recommendations. EMPS can be reached by calling 211. This is a free service, provided by United Way, in the state of CT. More information: <https://www.mobilecrisisempst.org/>

I will follow up with you as soon as it is possible. Please call and let me know as soon as you can.

### **XIII. Privacy / Social Media / In-person meetings**

Please see my Privacy Policy, a 5-page document entitled “Your Information. Your Rights. Our Responsibilities.” for explicit details about confidentiality. Be assured that your and/or your child’s confidentiality are my utmost concern at any time, and I will only break that confidentiality when required by law.

A note about confidentiality – while you are welcome to follow my Twitter/Facebook posts, please do not post anything that may be potentially identifying on my pages. I would like to maintain your confidentiality at all times, and having your name linked to my page may let people know that you have utilized my services. I will not follow/like/etc you back to protect your confidentiality.

The same goes for any online reviews of my practice. I would discourage you from posting in any way that could be linked to your name/email/or any other recognizable bit of data. In fact, I would like to be clear – I discourage you from reviewing my practice at all, and if you do I cannot respond in any way, because to do so may damage your confidentiality.

Should we bump into each other in the community, I will treat you as I would a stranger, with a polite hello. If you would like to initiate further contact I will leave it to you to make the first steps. I recognize that explaining our relationship may be problematic and will completely understand and respect your decision if you choose to ignore me.

### **XIV. Online Counseling**

Online counseling offers many advantages, especially in CT climate. We can meet even when the weather is too difficult for travel, or when one of us has a contagious illness. However, online counseling is not perfect, as we are not in the same room. It may feel strange and may be harder or easier for some to share important information. Misunderstandings can happen as we cannot fully see each other’s

body language. We must be in the same state to conduct online counseling. I also cannot be responsible for lapses in confidentiality caused by your unsafe technological practices, so please be cautious!

*At no time is it permissible to record sessions.* I will not do this without your knowledge and written permission, and I expect that you will not do this either. Likewise, there should only be the client in the room unless all parties are aware.

I utilize HIPAA compliant software for online counseling, but I cannot guarantee your personal computer setup. I urge you to utilize strong passwords and not to share login information to any of your accounts. Should we have connection problems the session will continue via telephone until online connection can be reestablished.

If working with your child, I must have verification that there is an adult in the house at the start of every session; this can be as simple as a parent/guardian walking through the room and waving. It is not acceptable to record online sessions. I will maintain clinical documentation for these sessions in a similar manner as for face to face sessions.

Online counseling is not to be utilized in crisis situations. In these instances, please follow the procedures under *VIII. Emergencies*.

Should an emergency or concerns arise with a child during an online session I will contact the parent/guardian by phone during the session. **Should a parent/guardian be unable to be contacted, I will then immediately call emergency services to ensure that the child is kept safe.** After that, I may have a legal obligation to file with the Department of Children & Families, if I feel that you endangered your child by being inaccessible as agreed upon.

## **XV. Confidentiality**

Everything that is said in session is confidential. However, there are some exceptions to this, as required by law. According to Connecticut law I am a mandated reporter, and as such if I have any concern regarding the abuse, mistreatment, or neglect of a child I must, by law, report this to DCF. Similarly, if I have reason to suspect that a person over 65 is being abused, neglected, or mistreated I must report this as well. I may also be required to disclose information to the court if issued a subpoena.

Other than these instances, any time I must or am requested to share information about you or your child I will require a signed release of information form.

#### **XVI. Ethics / Laws / Violations thereof**

I follow the ethics of the American Counseling Association and laws of the State of CT. Should you have any reason to be concerned about the ethical or legal nature of my practice please reach out to me and let me know. If we are unable to resolve your concern to your satisfaction you can file a complaint with the Department of Public Health at (860) 509-7552.

Again, I look forward to working with you and your family. Through clear communication we can be a team, united, to assist your child in reaching their full potential. Please don't be shy to ask me anything – I am here to help!

Sarah Evans Zalewski, Ph.D, NCC, BC-TMH, ACS, LPC  
Registered Play Therapist-Supervisor  
Sarah Zalewski, LLC

***Please ask any questions that you may have, and when you are satisfied please sign the Consent to Treatment and Services on the next page.***

### Consent to treatment and services:

I am freely agreeing to participate in services/treatment with Sarah Evans Zalewski, and I understand that I may choose to stop participating in such voluntary services/treatment at any time. If I am a minor (under 18), I understand that my legal guardian may be the individual who is consenting on my behalf to participate in services/treatment, and retains the right to choose to end my participation in treatment at any time.

I have received a document entitled “Your Information. Your Rights. Our Responsibilities.” that explains how my confidential information is used and how to access it. I have also received Dr. Evans Zalewski’s Disclosure & Informed Consent document and have had an opportunity to ask questions.

Furthermore, I am representing that I, the guardian below, have the legal ability to engage this minor child in a counseling relationship.

Client (child) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client printed name & date of birth:

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Relationship to child: Parent Guardian Other: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Relationship to child: Parent Guardian Other: \_\_\_\_\_