

## **Professional Disclosure Statement**

Argo Counseling, LLC  
701 Bestgate  
Annapolis, MD 21401  
[www.ArgoCounselingandWellness.com](http://www.ArgoCounselingandWellness.com)  
443-906-3506

**Confidentiality:** All counseling is confidential with exceptions required by law. These exceptions include instances when a client becomes a serious threat to self or others, when mandated by law or court order, where there are apparent or suspicious instances of current or past child or elder abuse or upon an insurance company's request for information regarding fee reimbursement.

**Length of Therapy and Handling of Fees:** Individual, couples, and family therapy sessions are 30 - 60 minutes in length with a fee that is pre-determined between therapist and client. Session fees are to be paid at the time of the session via cash, credit card or check. Cancellations made after a 24 hour time period prior to the session & no-shows are subject to the full fee of \$125.00. Even if you are seeking insurance reimbursement for your session a no-show or late cancellation will be charged the full out-of-pocket session rate due to insurance not reimbursing without face-to-face contact. All clients are required to provide a credit card at the time of booking for no-show or late cancellation fees. Fees for cancellations may only be waived in the case of emergency which are identified at the discretion of Argo management. Please speak with your therapist or our front desk ahead of time to identify what is considered an emergency cancellation. Argo reserves the right to terminate treatment after 3 or more no-show or late cancellation appointments.

**Insurance Billing** If you are seeking insurance reimbursement for your treatment Argo Counseling will work with you to identify eligibility and co-pay/deductible amounts. Please note that eligibility does not

**guarantee payment.** You will be responsible for the full cost of any sessions not covered by your insurance company for any reason.

**Contact information and Handling of Emergencies:** If you wish to contact your therapist you may do so by calling our office 443-906-3506 or by sending an email to office@argocounselingllc.com. They will contact you as soon as possible. If it is an emergency please contact the Anne Arundel County Crisis Warmline at 410-768-5522 or dial 911.

### **Confidentiality**

I will keep what we discuss during our sessions confidential subject to the following requirements by law.

In general, the law protects the confidentiality of all communications between a client and a licensed clinical social worker. Information not disclosed without written permission. However, there are a number of exceptions to this rule. Exceptions include:

- **Suspected child abuse or dependent adult elder abuse.** The therapist is required by law to report this to the appropriate authorities immediately.
- **If a client is threatening serious bodily harm to another person.** The therapist must notify the police and inform the intended victim.
- **If the client intends to harm themselves.** The therapist will make every effort to enlist the cooperation of the client to insure their safety. If appropriate, further measures may be taken without the permission of the client in order to ensure safety of the client.
- **As ordered by law.**
- **For supervision.** To ensure that the services provided to the client are appropriate a therapist may seek supervision from a licensed supervisor during treatment of the client.

I have read the personal disclosure statement and confidentiality statement and I have been given an opportunity to ask questions as needed. I understand and consent to counseling.

Client's Signature  
Date

Date

Witness Signature

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