

**KASIA CISZEWSKI, LPCA  
LICENSED PROFESSIONAL COUNSELOR ASSOCIATE  
CHARLESTON COUNSELING SERVICES, LLC**

**INFORMATION FOR CONSENSUAL  
CONSULTATION AND/OR TREATMENT**

**Your decision to engage in mental health care services should begin with an understanding of the process. The following information is provided so that you may make an informed decision about such services. It is important that you read it and ask me any questions you have about the material it contains.**

**Please check the box for your provider:**

**Kasia Ciszewski, LPCA**

During the *initial consultation(s)*, we will work to establish an understanding of the nature of your needs, concerns, and goals. This may involve a formal diagnosis, and in some cases, more than one consultation session will be needed to establish relevant current and historical information.

If as a result of our consultations it appears that *counseling/psychotherapy* might be helpful as an intervention for your concern(s), then we may agree to begin to meet for sessions, which generally occur on a regular and consistent scheduled basis. If instead it appears that we would not be an appropriate source of further assistance, then we may suggest alternatives and make referrals accordingly. If we are not able to meet on a schedule that suits you, or that do not meet your needs (e.g., when we cannot meet often enough), we will be happy to suggest alternatives and make referrals accordingly.

***Confidentiality***

We maintain detailed records of all contacts with patients for at least six years following the termination of our work together, according to State law. With certain exceptions, all work and communication between mental healthcare providers and their patients is confidential under State law, with further protections afforded by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), which are reviewed in a separate Notice. We would release or share information about you only in accordance with HIPAA and other relevant laws. If and when we receive communications about you from others (e.g., calls from family members who are concerned about you) we will in most cases inform you of the contact at the next available opportunity.

***Exceptions to Confidentiality***

There are some potential exceptions to the general rule of confidentiality. Certain Federal and State laws and other special circumstances may necessitate exceptions to the general expectation of confidentiality. Some of the most prominent and important exceptions include:

- \* **THREATS OF HARM:** If you threaten to harm either yourself (e.g., suicide threats) or someone else and I believe your threat to be imminent, we are required by law to take whatever actions seem necessary to protect you and/or others from harm. This may include our divulging confidential information to others, including the appropriate authorities. Even if a potential threat is not imminent, we reserve the right to contact spouses, family members, and/or other significant persons so that we may enlist their assistance in helping you to manage yourself. Similarly, if you express an intention to commit a crime that endangers yourself or others, we are allowed by law to disclose confidential information if this is necessary to prevent the crime.
- \* **ABUSE OR NEGLECT:** If you indicate, directly or indirectly, that you or someone you know is or may be abusing or neglecting a child, an elderly person, or an otherwise impaired person (e.g., a mentally retarded adult), then we are required by law to report this to the proper authorities.
- \* **COURT ORDERS:** If you are (or become) involved in litigation of any kind and it becomes known that you have received mental health services (thereby making your mental health an issue before the court), you may be waiving your right to keep your record confidential. You may wish to consult with your attorney about these matters before you disclose that you have received treatment. We will attempt to protect your confidentiality appropriately, but if a court order is issued for your record, State law dictates that we must comply.

- \* MINORS AND WARDS: If you are a legal minor (i.e., a non-emancipated person under 18 years of age) or you otherwise have one or more legal guardian(s), then your legal guardian(s) is(are) considered by law to be the one(s) responsible for making treatment decisions, including decisions about what access is allowed to your treatment record. In most cases, we ask the legal guardian(s) to waive his/her/their rights in this regard and to allow you to be treated as if you were able to make those decisions for yourself. These can be complex situations that are best dealt with on a case-by-case basis.
- \* FAMILY/MARITAL: If treatment involves others close to you, such as your spouse, child(ren), friends, etc., then we will need to clarify our role in relation to each person. In most cases, there is only one identified patient, and our allegiances will be first and foremost to that person. But there are exceptions, such as when I am providing marital therapy to two persons, in which case the *relationship* is the “patient” and therefore we cannot “take sides” with either person (e.g., testify for one or the other in divorce or child custody disputes).
- COLLECTION OF FEES: If we must resort to the use of a collection agency in order to receive payments due for psychological services, we are allowed by law to release confidential information without patients' consent.

South Carolina provides the consumer the opportunity to file inquiries with its Board of Examiners within the Department of Labor, Licenses, and Regulations.  
 Board offices may be reached at:

**South Carolina Boards of Examiners**  
**PO Box 11329**  
**Columbia, SC 29211-1329**

By your signature, you acknowledge that we have provided you a copy of the *Information for Consensual Consultation and/or Treatment*. You also acknowledge that consultation or treatment will be provided by the solo independent practitioner, Katarzyna Ciszewski, which functions under the business name Charleston Counseling Services, LLC.. You affirm that you have reviewed this information, that you have had an opportunity to clarify your understanding of this practice, and that you consent to engage in treatment according to the terms described in it. You also consent to the releasing of information about you to your insurance company (if applicable) and/or my billing agency (if applicable) for collection of fees. **You acknowledge that you have been offered a copy of our HIPAA Privacy Notices Form.**

Please print  
 Client name: \_\_\_\_\_

Client  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by  
 Therapist: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider