

**Welsh Wellness and Counseling LLC**  
Erin B. Welsh, LCPC, NCC  
Licensed Counselor for Children, Adolescents, and Families

**Information and Consent for Treatment**

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I hold a Master's of School Counseling from Loyola University of Maryland and have taken additional coursework and have been certified to be an LCPC.

When working with families and children I use play therapy, CBT and Solution Focused techniques. I have training in sand tray therapy and many years of experiences of working as the school counselor at The Jemicy School.

I offer family therapy and individual therapy. I also at times will have social skills groups. I will also work with your children's school to help implement strategies that we use in sessions.

**Confidentiality:** Your information is considered privileged and private and will not be shared with others. If I bring your case up during peer supervision I will not reveal your name or identifying information. Email or text information will only relate to scheduling times or information regarding insurance submission. Email is not HIPPA compliant. If you do send me an email with personal information, I will not respond to it in efforts to maintain confidentiality.

Should one of the following circumstances occur, I am obliged by law to break confidentiality and request assistance:

- If you should threaten to harm yourself or someone else.
- If you are involved in legal action and the court has ordered your records.
- If you or your child states that they are being abused or neglected (verbally, physically, or sexually), or the suspicion of abuse arises.
- If the abuse of a vulnerable adult is revealed.

**Children under the age of 16:** Parents can request services for their children and information regarding their treatment is available to parents. Both parents, even if a child is from a divorced home, as long as they both have custodial rights, are requested to be informed of counseling. It is critical that parents both support the efforts of doing what is best for their child's well-being. I will not participate in custody evaluations and do not have the training required to do so.

**Children over the age of 16:** Adolescents can request psychological and counseling services without the consent of an adult. I will keep their records confidential. They can make determinations as to who has privilege to this information. I encourage adolescents and parents to discuss treatment in a way that is supportive, not intrusive, and based on the teen's discretion. If a teen should share that they are using drugs or substances or engaging in harmful behavior we will engage in a discussion as to how to share this with their parent. It is important to me that your child is safe. A teen cannot refuse treatment if concerned adults think it is in their best interest.

**Client-Therapist Relationship:** The therapeutic relationship should feel safe and open. I encourage you to share your life stories and be open to looking at your world in a new way, and to incorporate new strategies in working through life's obstacles. I will ask you about your progress from time to time and will offer feedback on the process – I encourage you to do the same. It is important that we have an honest and helpful relationship.

**Termination of Services:** I have the right to terminate services at any time at my discretion. You also have this right. Reasons for termination may include, failure to pay for services in a timely manner, failure to comply with treatment strategies, conflicts of interest, or if your needs are outside the scope of my competency. Typically, we will discuss these issues in therapy, and termination will occur as a result of you feeling more comfort in addressing your referring issues and feeling a sense of relief or accomplishment.

**Cancellation of Appointments:** My cancellation policy is that you are to notify me 24 hours before your scheduled appointment time. If you are not able to do so, you will be charged a \$50 missed appt. fee. I understand if sudden issues or illnesses come up, however, a pattern of not showing for appointments will result in being charged for my time.

**Contact Information:** You may contact me at 410-336-3746 and leave a message if I do not pick-up and I will return your call as soon as possible. My email address is [WelshwellnessandCounseling@gmail.com](mailto:WelshwellnessandCounseling@gmail.com)

**Cost of Sessions:** I am an out-of-network provider. If you have out-of-network benefits, you may be able to meet a deductible and have your insurance company reimburse you for services. I may be able to electronically submit the claim to your insurance company so that it goes towards your plan. I will also provide you with a Superbill (Receipt for Services) which provides you with information your insurance company will need for reimbursement. **Fees for service are 150\$.** I can also offer consultations to schools either at the school (observations, recommendations, and follow-up) or phone consults that address specific emotional and behavioral concerns. **These additional consultations with schools will run \$100 per hour.**

**Emergency Situations:** If you should experience an emergency where your emotional or physical health and safety are in question you should call 911 or go to your nearest hospital. I may not be available by phone.

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My signature below signifies that I have read, understand, and am in agreement with the above-stated policies and procedures. Erin Welsh, LCPC has reviewed these with me and I agree to comply with the above stated policies and procedures as we work together in psychotherapy.

Client (Print Name): \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_