



**Holly M. Taylor MA, LPC**  
**Columbia, SC**  
**(803) 719-2559**  
**hollymtaylorLPC@gmail.com**

**Professional Disclosure Statement and Consent for Treatment with Holly M. Taylor MA, LPC.**

The majority of this document is mandated by South Carolina State law and Public Law 104-191; it is provided for **your** protection. Holly M. Taylor MA, LPC has tried to anticipate any risks you may face as a result of being in therapy. If you have any questions regarding the documents you have received, please feel free to discuss them with Holly M. Taylor MA, LPC.

**Contact Information:** Holly M. Taylor MA, LPC is located at 6156 St. Andrew's Rd Suite 105 in Columbia, SC. Our usual office hours are 9:00am to 5:00pm Monday through Friday. I do offer Monday evening appointments. Our clients are seen by appointment only and special appointments for other selected times will be considered. Our email address is hollymtaylorlpc@gmail.com. It is checked at least once every working day.

**Personal Qualifications:** Holly M. Taylor MA, LPC is the owner and sole therapist of Holly M. Taylor MA, LPC. Please note some of her credentials listed below:

- South Carolina Licensed Professional Counselor
- Professional member of the American Counseling Association
- Bachelor's Degree in Psychology from Winthrop University
- Master's Degree in Clinical Counseling from Columbia International University.

**Services:** Holly M. Taylor MA, LPC provides individual, couple and family counseling including

- Therapy involving adjustment to changes encountered by individual, couple and family life cycle development
- Therapy involving adjustment to grief and loss
- Therapy involving trauma recovery
- Therapeutic assessment and treatment of Alcohol and Other Drug (AOD) in individuals, groups and families.
- Therapy involving stress management and coping skills
- Therapy involving self-esteem and identity exploration
- Therapy involving treatment and management of depression and anxiety

**Fees:** It is customary to pay for professional services at the time they are rendered. The hourly fee for individual, couple and family therapy is \$90 per hour. If this is prohibitive to your budget, reduced fees may be negotiated. Group therapy with Holly M. Taylor MA, LPC is \$35 per session. Holly M. Taylor MA, LPC does accept the following insurance plans: Blue Cross Blue Shield Plans and Basic Medicaid. Please note that if you choose to use your insurance then Holly M. Taylor MA, LPC will have to provide them with client specific information. Appointments may be canceled as late as

24 hours prior to the scheduled time. If appointments are canceled with less than 24 hour notice, you may be charged the full fee for the missed appointment. The full fee will always be charged for missed appointments without notification.

**Confidentiality:** The information you share in therapy 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. Holly M. Taylor MA, LPC is a mandated reporter and must breach confidentiality in the following circumstances:

- You are threatening self-harm or suicide
- You are threatening to harm another or homicide
- A child or vulnerable adult has been or is being abused or neglected

If you wish your protected health information be released to another party, you must sign a specific Release of Information.

**Ethics:** Holly M. Taylor MA, LPC follows the Code of Ethics of The South Carolina Board of Examiners for The Licensure of Professional Counselors and the American Counseling Association. **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 an Informed Consent/Fee Agreement form. Your signature on that form verifies the following:

- that you have been given this document and the HIPAA document that follows;
- that you have read and understand these documents;
- that you consent to treatment with Holly M. Taylor MA, LPC.

Please be aware of the following:

- Treatment varies in its degree of success and may open unexpected emotionally sensitive areas.
- Only a physician can prescribe medications.
- I may need to consult with your physician, attorney, or other counselor; if so I will ask you to sign a release of information form.
- I am not available 24 hours a day; I do check my voicemail and my e-mail regularly.

I am licensed as an LPC through the SC Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists; 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.

All information revealed by you in 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.

Use or disclosure of the following protected health information does not require your consent or authorization:

- Uses and disclosures required by law, such as files court-ordered by a judge
- Uses and disclosures about victims of abuse, neglect, or domestic violence
- Uses and disclosures for health and oversight activities, such as correcting records
- Uses and disclosures for judicial and administrative proceedings, such as a case claiming malpractice or breach of ethics
- Uses and disclosures for law enforcement purposes, such as instances in which the therapist becomes aware that a client may intend to harm someone else
- Uses and disclosures for research purposes, such as using client information in research (always protecting client identity)
- Uses and disclosures to avert a serious threat to health or safety, such as calling Probate Court for a commitment hearing
- Uses and disclosures for Workers' Compensation, such as the basic information obtained in therapy/counseling as a result of a 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 Holly M. Taylor, MA, LPC. There will be a copying fee of twenty cents per page. 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 request amendments to your counseling/therapy file.
- As a client, you have the right to receive a history of all disclosures of protected health information. There will be a copying fee of twenty cents per 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 asked 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 the following:

- your therapist's/counselor's Professional Disclosure Statement
- this HIPAA notification information and HIPAA Client's Rights, and
- your therapist's/counselor's Consent for Treatment information.

You will be asked to sign a form indicating that you have received, read, and understood these documents. This form will be placed in your counseling/therapy file. Please do not sign the form if you do not understand any part of the Professional Disclosure Statement, the HIPAA Client's Rights or the Consent for Treatment. Your counselor or therapist will be happy to explain these documents further.

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**Confirmation of Informed Consent and Fee Agreement for Counseling Services**

Please initial each numbered paragraph below. Then leave this form with your therapist/counselor. It will be placed in your file.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. I understand that my therapist, Holly M. Taylor, has a master's in Clinical Counseling from Columbia International University and is a licensed professional counselor (LPC) under the regulation of the State of South Carolina. I further understand that protecting my privacy is a personal priority as well as an ethical necessity for her as a mental health professional.
  
2. I understand that all information shared in counseling sessions is confidential within legal limits, which have been explained to me. I further understand that the specific and limited exceptions to this confidentiality include the following:
  - if my therapist has reason to believe that I am at risk for self-harm or suicide;
  - if my therapist has reason to believe that I am at risk for harming someone else or homicide;
  - if my therapist has reason to believe that a child or a vulnerable adult has been or is being abused or neglected.
  
3. During the course of counseling it may be necessary for my therapist to communicate with others regarding my case: for example, other health and/or mental health providers; family members; and/or employers/administrators. My written authorization will be required prior to any discussion with any other individuals, except within the legal limits mentioned above.
  
4. I understand that while therapy may provide significant benefits, it may also pose risks. Therapy may elicit uncomfortable thoughts and feelings, or lead to the recall of troubling memories. I understand that my therapist is available to help me deal with such issues, either personally or through referrals.
  
5. I consent to receive and participate in the counseling services offered to me by Holly M. Taylor, MA, LPC. If I have any questions regarding this consent form or the counseling services and/or therapy, I may at any time discuss them with my therapist.
  
6. I acknowledge that I have received and read Holly M. Taylor's **Professional Disclosure Statement** and the **HIPAA Client's Rights**. I further acknowledge that I **consent to treatment** with Holly M. Taylor at a fee of \$90 per 50-minute session. My signature below confirms my **consent to treatment**, and confirms that I understand and accept all the information contained in Holly M. Taylor **Professional Disclosure Statement** and the **HIPAA Client's Rights**.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if needed)

\_\_\_\_\_  
Date