
Hannah Miller, MA, NCC, LPCA
License Number: 7782 (South Carolina)
Professional Disclosure Statement

Contact Information

The Play Therapy Center of Charleston
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Professional Disclosure Statement and Informed Consent

I am pleased that you have selected to receive counseling through me, Hannah Miller, Clinical Mental Health Counselor/Play Therapist at The Play Therapy Center of Charleston. This information is designed to inform you about my background and to ensure that you understand our therapeutic relationship. Please take time to read all of this information carefully and ask any questions.

Professional Education & Qualifications

I am a Licensed Clinical Mental Health Counselor in the state of South Carolina. I graduated in May of 2021 from the Master of Arts in Clinical Counseling program at Gordon-Conwell Theological Seminary. I am a member of the American Counseling Association, and the Association for Play Therapy. As part of my education and training, I completed clinical rotations at Elizabeth Family Medicine with Atrium Health in 2018-2019, Changed Choices in 2019-2020, and at Renewed Counseling and Play Therapy in 2020-2021. I also graduated with a Bachelor of Arts (BA) degree in Fine Arts from Clemson University in 2014.

Supervision

My current status as a provisionally licensed Clinical Mental Health Counselor requires that I receive supervision from a fully licensed clinician and supervisor, namely Dr. Pamela Davis from Gordon-Conwell Theological Seminary.

I participate in supervision/consultation on a regular basis so that I may receive feedback about treatment strategies in order to be most effective as your counselor. As part of my supervision, I am required to provide audiotapes/videotapes of my sessions for review by my supervisor. If you consent to having our sessions audiotaped/videotaped, know that your confidentiality will be maintained, and no identifying information will be included in the recording. In signing this document, you agree to not record any of our sessions without my knowledge.

Counseling Background & Approach

I serve primarily children, as well as teenagers, young adults, and adults in individual counseling. I will agree to work with any client regardless of ethnicity, gender, sex, race, religion, sexual orientation, gender identity, socioeconomic status, or disability.

Counseling is a collaborative process by which we work together to identify and work through any obstacles that may be limiting self-awareness and personal growth. Using a client-centered approach, I will support you as you set your therapeutic goals and work towards them. Additionally, I will integrate methods of therapy from a psychodynamic psychotherapy. In working with children and young teens, I will employ child-centered play therapy.

Confidentiality

My professional role as your counselor is one that I take very seriously. There may come a time that we may cross paths in a social context (i.e. grocery store, gym, park, etc.). Please know that I will not make initial contact for any reason in order to protect your privacy.

I abide by the standards of confidentiality set forth by the South Carolina Board of Licensed Clinical Mental Health Counselors and upheld by the state law. Therefore, the information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and anytime thereafter will be held confidential. However, there are a few exceptions in which I cannot legally or ethically hold the information confidential, such as:

1. **Danger to self or others:** If I have reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim. If I feel that you may harm yourself, I am required by law to do all that I can to protect you from harm, including but not limited to, notifying your emergency contacts, calling emergency services, etc.
2. **Child/Dependent Abuse:** If at any time you disclose, or I suspect, that a child or vulnerable adult has been, or will be, abused or neglected, I am required by law to inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. **Working with Minors:** When I consult with parents regarding minors, information regarding sessions will only be shared if the welfare of the minor requires such information to be disclosed.
4. **Litigation and legal proceedings:** In the rare event that a *court order* requires the release of case records or direct testimony, professional counselors are required to abide by judicial orders.

I hold myself to HIPAA standards of ethical practices for counselors and will provide you access to these standards if desired. Please inform me if you are seeing another counselor or mental health professional during the course of our work together so that consistent treatment can be provided.

Length of Sessions and Cancellation Policy

Sessions will typically last for a duration of 45-50 minutes for adults, and 30-50 minutes for children. Intake sessions require more time and will be pro-rated accordingly. *Appointment cancellations must be made at least 24 business-hours in advance to avoid being charged the full fee. If advance notice is not given, you will be responsible for paying for the missed session.* If you need to cancel or reschedule, please contact me via phone or email.

Fees/Methods of Payment

My standard fee is \$150 per 45-50 minute session, \$225 per 75 minute intake session. A sliding fee scale is available if there is a need based upon household income. Payment is due at the time of service. Check, debit, and all major credit cards are acceptable forms of payment. For ease and to keep administrative costs low, we require that a debit or credit card number be kept on file to charge for appointments that are missed without appropriate notice. There will be a \$25 fee for returned checks and a \$5 fee for declined debit/credit card payments. We ask parents to please stay on site while children are in a play therapy session. Late pickups are charged a prorated late fee, double the regular rate per minute.

Please note that all telephone/email conversations, or additional paperwork, lasting over 10 minutes is considered billable at a pro-rated fee, and will be charged accordingly. Content of text messages is limited to discussion of scheduling only.

Third Party Payers

If you choose to have a third party pay for your counseling sessions, please know that the other party may choose whether or not they would like to pay the fee for late cancellations. If they do choose to pay for late cancellations, they will be notified of the nature of the charge. If they choose not to pay such fees, you will be responsible for payment. Please note that third-party payors will be aware of your involvement in counseling and the dates of your sessions. No content that is discussed during sessions will be shared with third parties.

Court Proceedings

Out of respect for the confidentiality of our work together as well as to protect the progress we have made and the relationship we have built, I ask that you refrain from involving me in court proceedings. I am typically unable to provide a professional opinion that would help in court, and sometimes, my testimony could unintentionally harm your case as well as impede upon future progress in counseling.

If subpoenaed, I will request to be released from the subpoena or I will go to the courthouse to have it quashed, as my licensing board allows me to do so to protect client confidentiality. I will appear in court only if court ordered. Any time taken to deal with issues related to court will be charged at \$250 per hour (sliding scale does not apply).

Contact and Emergency Situations

The Play Therapy Center of Charleston is not an emergency clinic. If you have an urgent situation, and feel the problem requires immediate attention and support, please call 911 or go to your nearest emergency room.

Termination of Treatment

As you make progress towards your goals, we will decide on an appropriate time to reduce the number of sessions and to eventually end treatment. A minimum of two sessions is required when ending a minor's treatment. This allows the minor client time to process this transition. If you are still working on your goals when my internship is ending, we will collaborate to find an appropriate referral for you to continue counseling.

Concerns and Complaints

If you are dissatisfied with any aspect of our work at any time, please bring this to my attention so we can make adjustments. If we cannot work through the concerned issues and/or if you feel I am in violation of any of these codes of ethics you may file a complaint with my supervisor, listed above.

I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>). If after reviewing these codes and communicating your concern/complaint with me you feel that I am in violation of any of these codes of ethics, you may file a complaint against me with the organization listed below:

South Carolina Department of Labor, Licensing and Regulation

110 Centerview Dr.

Columbia, South Carolina 29210

Phone: (803) 896-4300

E-mail: Contactllr@llr.sc.gov

Appropriate Referrals

If I am unable to meet your needs, I will refer you to another counselor or community resource that may be a better fit.

Consent

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. I further acknowledge that I consent to counseling services provided by Hannah Miller. I understand that I may withdraw myself (or the client) at any time from treatment and refuse any treatment offered.