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### **INFORMED CONSENT AGREEMENT**

I am honored to have an opportunity to be of help to you. There are a few legal and ethical guidelines to review so we will understand, as clearly as possible, the benefits of and limits to this association. You are urged to ask about anything that raises questions.

#### **Certification, Education, Training, and Experience**

Medicinal Aromatherapy Level I Certification: Wisdom of the Earth, 2015

Tricare Certified Clinical Mental Health Counselor: DRI Alliance for Marriage and Divorce Professionals, 2014

Virginia Board of Counseling: Licensed Professional Counselor, 2010 – License Number: 0701004893

Commonwealth of Virginia (formerly North Carolina): Post Graduate Professional License-School Counselor 1989-2012.

National Board of Certified Counselors: NCC: National Certified Counselor since 1995

Master of Arts in Education, 1990 and Certificate of Advanced Study, 1995: Western Carolina University, Cullowhee, NC

Employment Coordinator for non-profit domestic violence organization, 1999

Twenty years in real estate and property management, construction, and real estate instruction: Clarksville, VA, Hilton Head Island, SC, and Cashiers, NC – 1971-1989

Health and Physical Education Teacher, Mecklenburg County, Virginia, 1968-1971

Bachelor of Science in Health and Physical Education, Longwood College, Farmville, VA, 1968

Co-Developer and executive officer of a Montessori School (Hilton Head Is., SC) 1979 and a non-profit youth development and parent resource organization, 1992 (Cherokee County, NC)

Co-Organizer: Kjerringsleppet Women's Conferences – 2008-2009

Advanced Study: The Nurtured Heart Approach™, Trauma Resiliency, The Empowerment of Listening™, The Possibility of Woman™, CHARACTER COUNTS!™, Active Parenting™, Love and Logic™, bereavement (Dr. Alan Wolfelt and Hospice), domestic violence, and Emotionally Focused Therapy™ - 1990 - present

#### **Counseling Style and Approach**

The cumulative impact of 27 years in public education – 23 of these as a school counselor, and 22 years in the business, training, and organizational development, have provided rich and practical experience.

My formal studies have been in schools of education. While associated with public schools, the concentrations most important to me were parent education, professional development, and a positive psychology. My intention is to: determine and meet needs, provide information and opportunities; lend support (i.e., coaching and consultation); refer to or develop appropriate programs and services; explore, access, and create resources; empower people to proceed through their own power to produce desired effects. I draw upon theories of Dreikurs, Rogers, Perls, Montessori, Piaget, Hendricks, Leitch & Miller-Karas, Seigleman, H. Glasser, C. McCall, and S. Johnson. Cognitive-Behavior, Gestalt, Reality, Psycho-Educational, Imago, Trauma Resiliency, Positive Psychology, The Nurtured Heart Approach™, Emotionally Focused Therapy™, and The Empowerment of Listening™, and am involved in assessing and planning for effective responses to a client. Confidentiality is governed by law and ethics, and the client is entitled to the protection of private information as long as there is not an indication of harm to the client or another. The collaboration between the client, myself, and appropriate consultants, ensures the best possible outcome.

#### **Fees**

The rate for services is based on a standard fee of \$110 per 50 minute session. It is helpful to consider a longer initial session (60-70 minutes) for the standard fee of \$120. Because a visit to school or home, or telephone or online counseling is not billable through insurance, a \$60 per hour charge may be involved. Private pay fees will be agreed upon in cases when these circumstances apply. For those who have insurance, the co-pay is due each session and allowable coverage will be applied.

#### **Billing**

Payment is due at the time of services. Payment can be made by check or cash. Checks are payable to Angela R. Smith, LPC. Returned checks incur a \$30.00 charge. Receipts are available if requested at time of payment.

**First Meeting**

During our first meeting, we will explore major concerns and determine whether my background and concentrations will benefit you. If a referral is in order, alternatives will be offered. If we find that we establish a mutually agreeable plan to continue with future sessions, time will be spend to review legal requirements of the counseling relationship (including HIPPA), and to complete this Informed Consent Agreement and Client Background Information.

**Attendance & Cancellations**

Consideration for time allocated and reasonable notice is expected. I understand the need to make changes, or to reschedule an appointment. Please provide adequate notice by calling or texting (757) 870-6819 for any needed changes. In the event I find it necessary to make a change, I will contact you.

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If no notice is given, the client may be responsible for a fee of \$60.00.

**Termination of Services**

It is very important to me that a satisfactory outcome for you is apparent upon termination of services. I have found that the need for support fluctuates and a collaborative plan will determine the scheduling of sessions.

**Emergencies**

In case of an emergency, call your primary care physician or psychiatrist.  
If neither are available, call 911 or go to your nearest emergency care center.

**Confidentiality**

In this counseling relationship, information about you is kept confidential regarding your history, diagnosis, and treatment. By law, I am required to report information if I determine that you are a danger to yourself or others, if there is information that constitutes you are abusing or neglecting children, if I am ordered by the courts to release information, or if I am ordered by the Department of Social Services or the courts to release information as part of an evaluation, intervention, or service plan.

In order to share information about you with another professional, including those at schools, with agencies, with another counselor, therapist, physician or psychiatrist, a completed release of information form will be needed. If email correspondence is utilized, be aware that ordinary email communication is not HIPPA approved.

If you have questions or concerns, or if there are particular points you wish to include in this agreement, please raise these upon our initial meeting.

By signing below, you indicate that you have read and understand this informed consent agreement. The services for which you are contracting include:

- Initial Consultation
- Counseling for \_\_\_\_\_ (self and/or name of Other).
- Parent Education/Coaching in The Nurtured Heart Approach
- Couples/Marriage Counseling: Emotionally Focused Therapy
- Family/Relationship Counseling
- Professional Development Consultation
- Training/Facilitation
- Employment Counseling
- Managerial/Supervisory Consultation
- Organizational Development
- Transition/Life Coaching
- Teletherapy
- Private Pay Agreement

**OR**

I do not wish to continue with further services at this time.

**Print Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_