



Kathi A. Peddicord, M.A., LPCI

Consent for Treatment

Thank you for choosing **Living Way Counseling Services**. Below you will find information that helps you understand the counseling process. If you have any questions about this information, please ask your counselor/therapist.

Contact Information:

Mailing address:
Living Way Counseling Services
Kathi A. Peddicord, M.A., LPCI, LLC
116 Oakbluff Rd.
Summerville SC 29485

Phone: 843-813-9650
Email:Kpeddicord@livingwaycounseling.com

Confidentiality:

The information you share in counseling 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 by a judge only). Therapists/counselors are mandated by state and federal regulations to breach confidentiality when:

1. a client is threatening suicide or self-harm.
2. a client is threatening homicide or harm to another person.
3. there is suspicion of child abuse or neglect.
4. there is suspicion of elder abuse or neglect.
5. a client has broken or intends to break a law(s).
6. a client requests the health information to be released to someone, signing a Release of Information Form.

It is important that you keep confidential what your spouse, partner, or other person attending counseling with you reveals during sessions, unless you have their specific consent to share it. If you tell others what the person says in counseling without their clear permission, the privacy and safety of the counseling session is violated. Continued sharing of information revealed in counseling by a partner without their consent can lead to termination of therapy.

Other Legal Proceedings:

Your work with Kathi A. Peddicord, M.A., LPCI is not intended for use in any legal proceedings involving you, others, or your spouse or partner.

By signing this consent, you agree not to subpoena Kathi Peddicord to testify against either party or to provide records in court actions (these include divorce and child custody proceedings).

All records are kept under lock and key. We are not able to identify our clients without their authorization.

Cancellations:

Counseling sessions may be successfully changed or cancelled 24 hours in advance. You will be charged for a missed appointment or a late cancellation unless the therapist understands your situation to be an emergency.

Emergencies:

Your counselor is not available 24 hours a day. If you anticipate that emergencies may arise, work out a plan with your counselor/therapist. Otherwise, you may want to call your pastor, doctor, family member, or go to the nearest hospital emergency room. The 24 hour Hotline number is 1-800-922-2283.

Informed Consent:

Your signature on this document verifies you have been given this Consent for Treatment Form, your counselor/therapist's Professional Disclosure Statement, and the HIPAA document. Signing indicates that you have read and understood this information, and have given your consent to counseling/therapy. Here are further items for your information:

1. Counseling/Therapy is not always successful, and may open unexpected emotionally sensitive areas.
2. Your counselor/therapist is not a medical doctor and cannot prescribe medications.
3. Your counselor/therapist may need to consult with other professionals on your case for supervision purposes. He/she will keep your identity in the strictest confidence in this process.
4. **Kathi A. Peddicord, M.A., LPCI** is licensed by:

The South Carolina Board of Examiners for Counselors
PO Box 11329
Columbia, SC 29211-1329
(803) 896-4652

Client Signature, Date

Client Signature, Date

Counselor/Therapist Signature, Date