

Thank you for choosing *Donna Hampton*, MS, LCMHCS (S3618), NCC (56256), EMDR-Certified Therapist as your counselor. It is my intention to treat your counseling needs in both a compassionate and professional manner. All information gathered is in the interest of providing you with a positive and beneficial therapeutic experience and will be maintained in the utmost confidence. Please take time to become familiar with my policies, and feel free to ask me any questions.

### NO-SHOW AND CANCELLATION POLICY

- When I reserve a session for you, it is important that you are on time for your appointment.
- Counseling sessions last 60 minutes and are scheduled as jointly agreed by client and counselor.
- My counseling fee is \$180 / Initial Intake session and \$160 / subsequent sessions.
- Payment is expected at time of service. I accept Cash, Check, & Credit Card (including FSA and HSA cards).
- I require that a credit card be kept on file in my HIPAA-compliant Electronic Health Record for client charges unless other arrangements have been jointly agreed-upon.
- Advance notice (at least 24 hours\*) of a cancellation is required - and I will extend that same professional courtesy to you in the event that I need to cancel a session unexpectedly.
- An initial **no-show or late cancellation** will be **charged at ½ the rate** of a counseling session.
- A **second** will be **charged at the full rate** of a counseling session.
- A **third** will be **charged at the full rate** - and **no further appointments will be scheduled**.
- *\*I reserve the right to waive this policy under certain circumstances (illness, death, etc.), as I understand that emergencies / urgent situations occasionally arise.*
- **Please CANCEL counseling sessions when you are unexpectedly sick (no fees will arise) OR request a shift to TeleHealth - and I will likewise do the same.**
- My Electronic Health Record includes a HIPAA-compliant TeleHealth component; this will be utilized as jointly agreed-upon when meeting in person is not advised by public health officials; when you or I are sick; and as I continue to work a hybrid schedule (part in-person / part TeleHealth).
- To schedule an appointment, please email me at [Contact@DonnaHamptonCounseling.com](mailto:Contact@DonnaHamptonCounseling.com) or call or text me at [336-749-2952](tel:336-749-2952). Please note that email and text are not secure forms of communication; therefore confidentiality cannot be completely assured. My voicemail is confidential, should you need to leave a message. I return vmails, emails, and texts as soon as possible; I am in sessions most of each day.
- If you are contacting me about an urgent need, dial 911 or go immediately to the nearest emergency room.
- A final session for review and closure is encouraged after any decision to terminate counseling.
- I am unable to meet with a client who is under the influence of alcohol or illegal drugs. Should a client arrive under the influence of alcohol or illegal drugs, the session will be cancelled and the full fee will be charged.

### ELECTRONIC COMMUNICATION / SOCIAL MEDIA POLICY

- With your permission as indicated on the Client Information Form, email and text will be utilized for scheduling purposes, for sharing resources, for notifying you of relevant groups or events, etc.
- Email and text cannot be used for counseling; these issues will be reserved for counseling sessions.
- Email and text will be checked only intermittently. In the case of an emergency, clients are directed to call 911 or to go to the nearest emergency room.
- Please DO NOT email or text about urgent situations.
- I cannot interact with clients via social media.

## CLIENT BILL OF RIGHTS

As a client of *Donna Hampton*, you have the right to

- be treated with dignity and respect.
- privacy in your treatment and in the fulfillment of your counseling needs.
- be fully informed of all services available to you.
- voice opinions, recommendations, and grievances in relation to policies and services, without fear of reprisal.
- be free from physical, chemical, emotional, and mental abuse.
- confidential treatment of your personal records. Information will not be released without your prior consent, unless required by law or if you indicate intent to harm self or other.
- terminate counseling at any time.

Although clients are encouraged to discuss any concerns with me, if you believe that your client rights have been violated and you would like to file a complaint, you may do so by contacting the North Carolina Board for Licensed Clinical Mental Health Counselors (NCBLCMHC), P.O. Box 77819, Greensboro, NC, 27417; 844-622-3572 (phone); 336-217-9450 (fax); LCMHCinfo@ncblcmhc.org (email).

## EDUCATION, BACKGROUND, AND ORIENTATION

I received my Master of Science from the **University of North Carolina Greensboro in Counseling and Counselor Education** in 1999. **UNCG's Counselor Education Graduate Program**, a highly clinical program, is consistently ranked among the top 5 Counseling Graduate programs in the country.

In order to bill through your insurance company, I am required to provide a diagnosis - and I will inform you of that determination. Some clients prefer to pay for counseling services out-of-pocket, and diagnosis is not necessarily required in those circumstances - but may still be beneficial to inform treatment guidelines. I refer to other practitioners any clients whose issues are beyond my scope of practice. I reserve the right to decline clients whose concerns, goals, and/or expectations are not in line with my education, expertise, etc. Additionally, I work with adults and therefore refer younger clients to practitioners with more expertise with this population.

My early counseling experience included working with cancer patients and their families in the Cancer Patient Support Program at Wake Forest Baptist Health. Subsequent experience was gained at Hospice & Palliative CareCenter (HPCC) during nearly two decades of working with terminally ill individuals at the end of life; with their bereaved families and friends; and primarily with clients who had experienced sudden and traumatic deaths of loved ones. I worked with HPCC from 1998 through 2016 as both an individual and group counselor, as the Director of Counseling Services, as a community educator and speaker, and as a frequently-requested consultant.

In 2016, I realized a longtime professional goal of establishing my own Private Counseling Practice - and this endeavor has exceeded even my own expectations. This affords me the opportunity to engage with a wide variety of clients who are dedicated to making important and lasting changes in their lives. Days are filled with client sessions, and the collaborative work of therapy continues to invigorate, challenge, and reward both my clients and myself.

I believe that my extensive experience with death-related grief and loss and with both complicated grief and complex trauma enables me to help clients who are dealing with other types of losses, as well - and I bring that perspective, understanding, and insight to my private practice. Because death-related grief knows no boundaries, the population

with whom I have worked is extremely diverse on many levels - age, race, socio-economic status, sexual orientation, gender identity, mental health history, physical health, spiritual/religious affiliation, etc.

Additionally, clients bring myriad other personal, family, and relational issues as part of the 'big picture' of their story, so rich diversity in client presentation exists, as well. I have worked since 1998 with clients who are at the most vulnerable points in their lives - and I remain inspired by the bravery and resilience exhibited every day. I am grateful for the privilege of helping clients discover or rekindle their own resilience and strength.

I have supervised Graduate Students and Counselors since 2000 and provisionally-licensed counselors since 2012.

**I am certified in Eye Movement Desensitization and Reprocessing (EMDR)**, an evidence-based psychotherapy for Posttraumatic Stress Disorder (PTSD), other trauma-based issues, depression, anxiety, self-esteem issues, performance enhancement, etc. I utilize **EMDR** as a primary intervention, finding it to be highly successful and extremely effective, especially when blended with targeted, person-centered, cognitive-behavioral (CBT) or 'talk therapy.' This powerful and efficient combination of interventions has enabled me to help thousands of clients not only to experience relief from trauma and associated symptoms, but to also enact enduring change and both personal and professional empowerment. Visit [www.EMDR.com](http://www.EMDR.com) to learn more about this evidence-based intervention - and please ask me any questions you may have.

My orientation to counseling combines EMDR with person-centered, CBT, psychodynamic, existential, and attachment theories. I regularly incorporate aspects of mindfulness as a powerful reinforcement to EMDR and CBT work. I believe counseling is a process that empowers clients to identify strengths, coping skills, patterns, and themes - and to make changes in their lives in order to live more fully and to find relief, meaning, and purpose.

Research shows that the *client/counselor relationship is the single most important factor in and predictor of successful counseling - and building rapport, warmth, and trust* comes easily and naturally to me. Counseling is a courageous, often emotionally-charged, and sometimes uncomfortable process. I believe deeply in its effectiveness when clients are willing to do the work with the support of an encouraging, compassionate, well-educated, and skilled clinician.

**PLEASE REFRAIN FROM WEARING PERFUME, COLOGNE, OR ANY SCENTED PRODUCTS.**

I acknowledge that I have read and understand the information on this form.

I consent to receive counseling services from *Donna Hampton*, MS, LCMHCS, NCC, EMDR-Certified Therapist.

If utilizing health insurance benefits for payment of counseling services rendered by Donna Hampton,  
I provide consent for my PHI to be disclosed as necessary for payment of services.

I have been given an opportunity to ask questions and understand that I may inquire about services at any time.

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COUNSELOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_