

## Aiken Counseling Group/Dana Rideout Professional Disclosure Statement

This professional disclosure statement is provided for your protection. Aiken Counseling Group/Dana Rideout has tried to anticipate any risks you may face as a result of being a part of the individual therapy. If you have any questions regarding the documents you have received, please feel free to discuss them with Dana Rideout. If you feel at any time Ms. Rideout has not followed through on what is presented here, you may contact Lain Bradford, ACG executive director, at ( 803) 335-1219. You may also contact the South Carolina Board of Licensed Professional Counselors.

**Contact information:** Aiken Counseling Group is located at 410 University Parkway, Suite 2300, Aiken, SC 29801. This is also our mailing address. Ms. Rideout's usual business hours are Tuesdays and Thursdays 9a.m. to 5p.m., and Wednesdays and Fridays 9a.m. to 12noon. Aurora Pavilion (Aiken Regional Medical Center) has assessment counselors available every day of the year, 24 hours a day should an emergent need arise outside of regular business hours. These counselors can be reached at (803)641-5959. If you leave a message for Ms. Rideout (335-1219), know that all voicemail is confidential.

**Personal Qualifications:** Dana Rideout is a mental health therapist who began practicing counseling in 2001. Ms. Rideout is a licensed professional counselor (LPC) with the state of South Carolina. She is also a nationally certified counselor (NCC) with the National Board of Certified Counselors. Ms. Rideout received her master's in counseling at Western Carolina University in 2001. She is also a registered yoga teacher (RYT200) through the Yoga Alliance.

**Services:** Ms. Rideout has extensive experience working with individuals and their families learning to manage the following: depression, anxiety, addictions, bipolar, psychosis, personality disorders, and post traumatic stress. The programming at Aiken Counseling Group consists of individual and group counseling. Ms. Rideout primarily uses a Cognitive Behavioral Therapy (CBT) approach during sessions, as well as employing Motivational Interviewing (MI) techniques and Dialectical Behavioral Therapy (DBT) lessons and theory.

**Fees:** It is customary to pay for professional services through the Aiken Counseling Group business office at the time they are rendered. The hourly individual therapy fee is \$120 per 50 minute counseling session. If you have insurance, you are responsible for any fees due Aiken Counseling Group that your insurance company does not pay. To avoid a "no show" fee of \$35, please contact Aiken Counseling Group 24 hours prior to cancelling an appointment. Ms. Rideout reserves the right not to reschedule patients with two "no shows" or two patient cancellations under 24 hours' notice. Referral recommendations will be sent to the patient at that time via mail.

**Confidentiality:** The information you share in psychotherapy 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

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privileged in the federal court system. Dana Rideout is mandated by standards through “Duties to Warn” to breach confidentiality if she discovers you are threatening self-harm or suicide; you are threatening to harm another or homicide; a child has been or is being abused or neglected; and/or a vulnerable adult has been or being abused or neglected. If you wish your protected health information released to another party, you must sign a specific Release of Information.

**Ethics:** Dana Rideout follows the Code of Ethics of the following organizations: 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 the last page of this document. Your signature verifies you have been given this document and understand its content.

I acknowledge that I have received and read the Aiken Counseling Group/Dana Rideout Professional Disclosure Statement. I further acknowledge that I seek and consent to treatment with Dana Rideout. My signature below confirms that I understand and accept all of the information contained in this Aiken Counseling Group/Dana Rideout Professional Disclosure Statement.

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Signature of Client

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Date