

## ***Shauna K. Moore, M.S., L.M.F.T.***

*AAMFT Approved Supervisor  
Certified Integrative Health Coach*

**INDIVIDUAL • MARITAL • FAMILY THERAPY**

*To everything there is a season.*

Shauna K. Moore is a Licensed Marriage and Family Therapist (LMFT) and has been practicing since 1989. Her academic preparation includes Bachelor and Master Degrees from Indiana State University. Additionally, she is a Duke University Certified Integrative Health Coach. She holds licenses in Indiana and North Carolina. Professional practice experiences includes 5 years in a psychiatric hospital, a clinician and in leadership in three community mental health centers, as well as, private practice since 1996. She is an American Association of Marriage and Family Therapy (AAMFT) approved supervisor who has overseen therapists-in-training in university settings and in private practice. She has resided in North Carolina since August, 2013. Ms. Moore provided marriage and family therapy, PTSD counseling and integrative health coaching to Veterans and their families at the Fayetteville VA Medical Center from August, 2013 to September, 2015. She began her private practice, Seasons Change, PLLC in Lillington, NC, on November 20, 2015. Although, Shauna does not present herself as a “Biblical Scholar,” she does present herself as a Christian Therapist. However, she has worked throughout the years with people of many backgrounds and belief systems. Shauna hopes to assist in bringing about a wholeness in lives where peace and healing can preside.

Shauna focuses her work on adult individuals, couples, and families. She looks closely at how an individual is functioning in their marriage, their immediate family, and in their extended family.

### **What Can I Expect in Therapy?**

Therapy is a process. It is not a friendship relationship. It is a challenge, and is not always easy. In the process of therapy it is common for things to seem to get worse before they get better. You may not always “like” your therapist and the outcomes are not always what you want or what you expected. You have an obligation to do homework, to be open, to bring to therapy your needs and concerns.

### **Patient Rights and Responsibilities**

#### **Rights**

- 1.) You have the right to be treated with dignity and respect.
- 2.) You have the right to fair treatment, regardless of race, religion, gender, ethnicity, age, disability, or source of payment.
- 3.) You have the right to have treatment and other patient information kept private.
- 4.) Only in an emergency, or if required by law, including child abuse, sexual abuse, suicide, and homicide, can records be released without permission.
- 5.) You have the right to have an easy to understand explanation of your condition and treatment.
- 6.) You have the right to play an active role in the treatment process and modalities. Please ask if uncertain.
- 7.) You have the right to know about various treatment choices.
- 8.) You have a right to know about your therapist (credentials displayed in office).
- 9.) You have the right to share in the direction of your treatment.

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## Responsibilities

- 1.) You have the responsibility to treat the therapist with respect and dignity.
- 2.) You have the responsibility to give your therapist information she needs to deliver the best possible care.
- 3.) You have the responsibility to ask your therapist questions about your care.
- 4.) You have the responsibility to do your homework assignments to the best of your ability.
- 5.) You have the responsibility to follow medication plans set by your physicians and to inform your therapist of medication changes.
- 6.) You have the responsibility to inform your therapist when therapy does not seem to be working for you.
- 7.) **\*\*\*You have the responsibility to remember and keep appointments. If you need to cancel an appointment, please do so as soon as possible. You will be charged your full fee if you do not give a FULL 24-hour notice of cancellation (except in case of emergency or illness).**
- 8.) You have the responsibility to bring up important issues early in the session, to maintain the time limit of a 45-minute session. Sessions that go over the time limit will be charged in 15-minute increments.

## Fees

Fees are \$90.00 per therapy hour (45 minute sessions) and are to be paid in full at the beginning of each session. Visa and MasterCard is accepted. All telephone therapy is billed at the same rate and will be billed to your credit card. Any cancellations of less than 24-hours or no-shows will be billed to your credit card. Your insurance will be billed for you and you will be responsible for your co-pay before your session begins. Ultimately you will be responsible for what your insurance does not pay, no matter what reason (unless payment by insurance company is contracted as payment in full). If therapist is not a preferred provider then you will be responsible for the balance or full fee of an out of network provider. Therapist has the right to refuse to become a network provider with an insurance company.

## Emergencies and After Hours

There are few real emergencies in our lives, but many times we may feel panic and desperation, as if the situation surrounding us is an emergency. Seasons Change, PLLC is a solo practice and therefore it is not possible to provide 24-hour services. If you are a client who believes you may need this kind of help, then it is recommended that you seek assistance through a larger, more available mental health agency.

Seasons Change, PLLC's service to you is to provide therapy during your scheduled session. You are asked to write down concerns between sessions and to bring to your next appointment or you may call and schedule an earlier appointment if it is a pressing issue. Telephone therapy is not covered by insurance companies. You may call anytime and leave a private message; however, the therapist does not always have a work phone with her, and it is turned off at night and during "off" time, such as the week ends. Often, the therapist will not be able to respond until the end of day. Your concerns are important and will receive a response. If you leave a message Monday through Friday and have not heard back within 24 hours, please, call back and leave your message again.

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When leaving a message speak clearly and slowly, especially when leaving your telephone number. **Leave your full name and the number where you can be reached.** If you have an emergency, contact your primary care doctor or go to the Emergency Room at the closest hospital to you.

### **Texting and Emailing**

**WARNING!** Texting and emailing is not confidential. If you email me or text me, you are agreeing to assume all risks of loss of confidentiality. You will receive a response; but, no clinical direction or information. The responses would be generic or benign such as a date and time change, etc. Voice Mail is far more private.

### **Confidentiality**

Therapy is confidential with some exceptions. Those exceptions are as follows:

- 1.) If the therapist believes that you may pose a threat of harm to yourself or to someone else, or if you are considered to be “gravely impaired,” then there is a legal responsibility to take steps that will increase safety or there maybe a “Duty to Warn,” if another has been indicated as in potential harm’s way.
- 2.) If any past, present, or future information is revealed that could indicate the possibility of harm to a minor (anyone under the age of 18), a senior, or a special needs individual, then the therapist is mandated by law to make a report to Child Protective Services or to any other designated proper authority.
- 3.) A court of law can order information into legal proceedings.
- 4.) A signed written release of information from you to a specific individual or organization.
- 5.) A minor’s information “legally” belongs to the legal guardian, with a few exceptions (such as, drug and alcohol information, some sexual information, and any information that the therapist deems not to be in the best interest of the child to release).
- 6.) As a professional standard therapists often practice under supervision of another skilled professional and at times consults with professional colleagues, Seasons Change, PLLC adheres to this practice.
- 7.) Please read carefully other possibilities in Privacy Notice.

### **Therapeutic Warning**

**Therapy can alter your relationships. You have no control over the direction of change of another. Getting healthy often means setting boundaries, and those around you do not always welcome that “boundary setting”.**

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**I have read all of the above and my therapist has explained the above and answered all my questions. I have been given a copy of all the preceding information. I /my child ( \_\_\_\_\_ ) enter therapy informed of the above and I agree to uphold my end of the therapeutic contract.**

\_\_\_\_\_  
**Client or Parental Signature**

\_\_\_\_\_  
**DOB of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**