

**ANCHOR OF HOPE COUNSELING**  
**AUTHORIZATION FOR TREATMENT and PROFESSIONAL DISCLOSURE**  
**from Dr. Hope Threadgill, PsyD**  
**864-654-7858 [anchorhope@bellsouth.net](mailto:anchorhope@bellsouth.net)**

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Dr. Hope Threadgill, PsyD holds a Doctorate of Psychology, 1990, from the University of Northern Colorado's Counseling Psychology program. She holds a Masters in Counseling, MA, and Student Personnel Psychology, 1982, from the University of Minnesota's Counseling and Student Personnel Psychology Department. Her undergraduate is a Bachelor of Science, BS, in Psychology, 1974, from the University of South Carolina. Dr. Threadgill is a Licensed Clinical Mental Health Counselor LCMHC (14896) in NC, and a Licensed Professional Counselor LPC (1728) and LPCS Supervisor (2265) in South Carolina. She is a National Board Certified Counselor (NBCC) # 35078 since October 15, 1994. Further training includes: Level 3 Clinical Training Gottman Method Couples Therapy 4/29/2018, EFT (Emotionally Focused Therapy), National Board for Clinical Hypnotherapist # 2461 (Certified Diplomat), National Level II EMDR Therapist 1/21/1995, Certified Level II Soul Directed Search Therapist, Thought Field Therapy (TFT) Counselor (National Level II & Diagnostic), American Academy of Experts in Traumatic Stress (Certified Diplomat), National Center for Crisis Management (Certified Fellow), National Board Certified Coach # 1987, and. Dr. Threadgill has thirty-eight years of counseling experience.

Dr. Threadgill counsels couples, families, teens and adult individuals. She utilizes Gottman Couples Therapy (Trailed Level 3), EFT (Emotionally Focused Therapy), EMDR (Eye Movement Desensitization Response), Hypnotherapy, TFT (Thought Field Therapy), CBT (Cognitive Behavioral Therapy), Gestalt, healing-the-inner-child, mind-body-spirit, meditation and others as needed. Areas addressed in counseling include relationship, couples, marital and premarital issues, anxiety, depression, coping skills, self-esteem, and other clinical mental health issues. She combines mind-body counseling techniques with emotional healing for counseling. When requested, a spiritual connection is included in the counseling process.

Dr. Threadgill's counseling approach emphasizes understanding first and techniques second. She is existentially grounded. This means she believe clients have the ability to expand their self-awareness and thus to increase choice potentials. This creates meaning and purpose in one's life to discover one's own uniqueness. She appreciates her client's total personality and attempts to understand the client's subjective Being-in- the-World. She often helps the client to understand the value of anxiety and guilt, the role of death, being alone, the relationship between freedom and responsibility, and to create their unique meaning. She works to free clients to develop a constructive and confident image of self-worth. She helps clients find the courage to persist over adversity and shape their own future, that is take responsibility and redefine self by the choices one makes.

This authorization for treatment form, which includes informed consent and confidentiality, is intended to make explicit your rights and responsibilities as a client.

1. I am requesting online video counseling services with Dr. Hope Threadgill of Anchor of Hope Counseling for myself and/or my child. I understand counseling sessions are generally 53 minutes in length. I understand that length and duration of counseling vary depending upon the type of issues presented. Length of counseling can be shortened if I follow through with agreed-upon outside work. Some counseling issues may require on-going maintenance. I agree to call a Crisis Line in my county if I cannot wait till next business day to talk with Dr. Threadgill. In a true emergency, I understand I need to go directly to the nearest emergency room or call 911. All appointments and cancellations will need to be made by phone (24 hour answering service).
2. I understand that online counseling services require that I am in a private, well-lit, and secure location, able to keep my interactions with Dr. Threadgill from being overheard or seen by others. I will ensure I have a stable internet connection capable of video conferencing for an extended period of time. I understand I may terminate my counseling services at any time, at my discretion, by choosing not to set another appointment. It is recommended that termination be discussed with Dr. Threadgill to allow for healthy closure in relationships.
3. The intake or first session fee is \$165.00. Fees for individual, couple, and family sessions are \$147.00 per 53 minutes (\$165.00 for after hours and emergencies). I agree to pay this fee (through Venmo app, credit card or bank) at the close of each session, which is customary. The minimum fee for court testimony is \$600.00 first hour + \$165.00 each additional hour plus travel time, and for depositions \$500.00 first hour + \$165.00 each additional hour to include travel. There are additional fees for reports and letters. I agree and **take full responsibility for paying all fees incurred from services received.**
4. Dr. Threadgill will provide me with a bill to submit for insurance and tax purposes. I understand that I will need to check with my company regarding the specifics of my coverage. I understand that Dr. Threadgill is not a Medicare or Medicaid provider. I understand and agree to check with my insurance company for any pre-authorization or physician referral that may be required and to inform Dr. Threadgill of the need to get pre-authorization before or the day treatment begins. I understand that insurance companies require a diagnosis, discussed with Dr. Threadgill, before reimbursement can be considered. Furthermore, I will provide the necessary referrals and forms for insurance, managed care, or other insurance coverage. Dr. Threadgill has my permission to electronically send or fax counseling information required for insurance authorizations, and to bill and collect payment from my insurance company when fee balance is outstanding.
5. I understand that counseling requires large blocks of time to be set aside for each client. Unlike physicians and dentist, clients cannot be stacked in the waiting room. Therefore, I **agree to pay for any appointment canceled or missed without twenty-four hour notice**, except in the case of true emergencies. Missed appointments are charged at full fee and cannot be charged to your insurance company. So please give a 24-hour notice to avoid the fee for a missed appointment.
6. I agree to have my credit card or blank check placed on file for billing any outstanding balances or missed appointments not paid by the end of the month. I understand that any outstanding balances at the end of the month will be billed to my credit card or bank account/bank.
7. I understand that while Dr. Threadgill has taken training in the Gottman Method Couples Therapy, she is completely independent in providing you with clinical services and she alone is fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

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8. I understand that my counselor may consult with other counselors in Anchor of Hope Counseling (AOH) as part of my case management and information will be kept confidential within the office of AOH.
9. I understand that if I or my child are prescribed psychotropic drugs (such as anti-depressants or anti-anxiety medications), or medication for ADHD, that it may be necessary for Dr. Threadgill to communicate with the prescribing physician. No such contact would be made without my written consent. I further understand that referral to a physician may be made if medication is indicated.
10. I understand that what I say during counseling sessions will be held in strictest **confidence**. However, I understand there are exceptions to this rule. All licensed practitioners are required by law to take action if they believe a client is a danger to him or herself, or to another person, and are also required by law to report incidents or credible allegations of child or elder abuse to the appropriate state agency. South Carolina Code 10-11-95. North Carolina Code G.S. 7B-301. I understand Dr. Threadgill is subject to subpoena and that I may want to talk to her prior to considering legal action.
11. Dr. Threadgill may contact my emergency contact person via phone for emergencies and to reach me regarding appointments. Second, the designated person listed in #12 may have medical information shared with them. Third, I understand that email messages, unless encrypted on both ends of communication, may not be confidential.
12. No information about my case may be released without my completion of a written authorization, except under the conditions cited in #9 and #10 above, or in certain limited circumstances if my case record were subpoenaed or if authorizations are required for insurance payment. I understand that if I would like access to my file, I need to do so in writing and that I may examine my file while Dr. Threadgill is present to explain information to me.
13. DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION?  
IF YES, **WHOM:** \_\_\_\_\_ **Phone** \_\_\_\_\_ You may revoke or modify this authorization with regard to any family member or other individual designed and revoking authorization must be put in writing. SC Code of Laws Section 44-66-75 (For NC, a Health Care Power of Attorney may be designated, NC Law Chapter 32. In this case it requires two signatures and notarized, referred to as Health Care Power of Attorney).
14. I understand that Dr. Threadgill is a Licensed Clinical Mental Health Counselor in NC and that she will abide by the regulations of NC Board for Licensed Professional Counselors in Greensboro, NC. NC Article 53.
15. I understand that Dr. Threadgill is Licensed Professional Counselor in SC and that she will abide by the regulations of SC Licensing Board for Professional Counselors in Columbia. Article 7 – Code of Ethics for Professional Counselors expands on the role of professional counselor to include counseling relationships, measurement and evaluation, research and publications, consulting, and private practice. SC Code of Laws, Title 40, Chapter 75 states that sexual intimacy between a practitioner and a client is prohibited (statement required by Board).
16. Although clients are encouraged to discuss any concerns with me, you may contact the organization below should you feel I am in violation of any of these codes of ethics. I abide by the AMHCA Code of Ethics (<https://www.amhca.org/publications/ethics>) and ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>). The North Carolina Board of Licensed Clinical Mental Health Counselors, P.O. Box 77819, Greensboro, NC 27417, Phone: 844-622-3572 or 336-217-6007, Fax: 336-217-9450, E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org). The South Carolina Board of Licensed Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, 110 Centerview Dr, Columbia SC 29210, Phone: 803-896-4658 E-Mail: [counselor@llr.sc.gov](mailto:counselor@llr.sc.gov).
17. A large body of professional literature demonstrates that counseling is usually rated as helpful and effective by clients, though results cannot be guaranteed in any individual case.

Acknowledgement: I have read this treatment authorization, have had the opportunity to ask questions about the information it contains, and agree to abide by these guidelines.

\_\_\_\_\_  
Client Signature / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date