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 Jane Wilson, MA, LCPC

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 The following statement is about therapy and policies at New Leaf Professional Counseling, LLC.

**About Jane Wilson**

* Bachelor of Arts in Social Work, The University of Iowa, Iowa City, Iowa, 1982.
* Master of Arts in Clinical Psychology, Eastern Illinois University, Charleston, Illinois, 2000.
* Licensed Clinical Professional Counselor since 2003.
* Member of the Association for Behavioral and Cognitive Therapies.
* Clinical Consultant for the Sexual Assault Counseling and Information Service, Charleston, Illinois.
* Since 1982, clinical experience in residential, community mental health, and medical settings.
* Published and presented research on cognitions and play therapy at national conferences.
* Graduate and post graduate intensive training in cognitive behavior therapies and acceptance and commitment therapy.
* Specific expertise and experience in providing cognitive behavior therapy for anxiety, panic, trauma, sexual abuse, and depression.

**What to Expect from Therapy**

I practice a type of therapy called cognitive behavior therapy (CBT) CBT is a therapy whose general focus is on the interconnectedness of thoughts, emotions, and behaviors. Unlike many other forms of “talk therapy”, CBT has decades of scientific research to support its effectiveness. Unlike other therapies, CBT takes years of training and experience to be considered proficient. I have dedicated much time and ongoing education to be particularly skilled in this approach.

CBT involves client and therapist working together to develop an understanding of this relationship for each individual client. Clients are then encouraged to be willing to challenge limiting thoughts and to try new behavior. Between session practice allows clients to apply new concepts learned in sessions and to see meaningful changes begin to take hold in their daily lives. The treatment plan that we develop together will focus directly on your concerns and is designed to help you enhance your commitment to addressing what stands in the way of a meaningful life. Treatment plans are both portable and flexible so that you take with you a model to use whenever you experience difficulties. Psychological problems are very complex and develop over time due to a combination of internal experiences, environmental experiences, and individual biology. CBT aims to address the current elements maintaining distress rather than to focus on personality or perceived flaws. My goal in this process is to act as a guide in the spirit of collaboration and kindness so that you reach the goals that matter to you.

**Confidentiality**

Perhaps the single greatest reason people seek therapy is the desire of objective, skilled healing within the boundaries of privacy. I am fully committed to legal and ethical standards for keeping all information you share in your sessions confidential. Jane will only share information with others with your written permission. Situations in which the law obligates therapist to divulge confidential information include: 1) If child or elder abuse or neglect is suspected; 2) if a client is suspected to be a serious threat to him/herself or another person; 3) by order of a court; or 4) in compliance with any other federal or state law. In such cases, I will make every effort to discuss the disclosure with you before doing so and will only release the minimum information required.

**Scheduling and Cancelling Sessions**

Once therapy goals have been established, a plan for how frequently to schedule sessions will be discussed. Typically we will meet once per week for a 50-55 minuet session. Sessions are scheduled by phone, email, or during your session. Should you need to cancel your appointment, please notify me **at least 24 hours prior to your session. With exception of illness or emergency, failure to notify me of a cancellation will result in a $30.00 missed appointment fee. This fee must be paid before additional sessions can be scheduled.**

**Referrals**

In the event that my practice cannot meet your specific needs, I will refer you to a resource that could better assist you. I encourage you to follow through on such referrals so you can continue to work toward your goals without interruption.

**Emergencies** **& Between Session Contact**

Should you need to speak to me outside of your scheduled session, please follow these steps:

1. Call my office to see if I am available at 217/348-6281. If I am unavailable….
2. Call the Regional Behavioral Health Network Hotline to speak to a professional immediately: 866/567-2400

 If emergency contacts with me via phone or email are required on an ongoing basis outside of your regular session please be aware that these contacts are not covered by insurance. These contacts are billed in increments of 15 minute time periods at the rate of $25.00 per increment.

**Payment and Balances**

My rate is $120.00 per 45 minute session and $150.00 per 55-60 minute session for individual, family, or couples therapy. If you are using health insurance and a deductible, coinsurance, and /or copay apply, you must pay that amount at the time of your session. Payment in the form of cash, check, or major credit card is accepted. If there is a balance due after insurance has processed a claim, you will receive a statement with 30 days to pay, after which a monthly late fee of 6% applies.

**Check Acceptance Policy**

In the event your check is returned unpaid due to insufficient funds, you authorize your check to be electronically redeposited for the face amount of the check. Recovery fees, as applicable by state law, will be assessed on all returned checks and may be collected from your checking account. By presenting your check for payment for your transaction, you are acknowledging your acceptance of our Check Acceptance Policy.

**Electronic Communications**

Electronic communications may be subject to interception and monitoring. Any violation of confidentiality of electronically transmitted information is outside of our control and the client is hereby advised that no assurance is offered or implied that communication by electronic means including cell, portable phone or email will be protected from such interception or monitoring.

 PLEASE RETAIN THIS FOR YOUR RECORDS

 **Thank you and Welcome!**

 *New Leaf Professional Counseling, LLC is an association of independent contractors.*