

**Marita Beth Earle, M.A, L.M.F.T.**  
**Practice Policies**

**Confidentiality**

Professional ethics and Tennessee State law indicate that confidential information is controlled by the client. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. There are two exceptions to this general rule, however. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that child abuse in any form and dependent adult abuse be reported to the Department of Human Services or other authority such as a Juvenile Judge.

**Professional Services**

I am available for counseling appointments at select times throughout the week. This includes some evening and weekend availability. My business phone number is 615-498-4195. You can reach me at this number in case of an emergency or to schedule a session. If for some reason you should be unable to contact me during an emergency, you may obtain assistance by calling the Crisis Hotline at 615-244-7444, the YW Domestic Violence Center at 615-242-1199, or by going to your local hospital emergency room.

**Risks and Benefits**

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives, etc. They may change employment and begin to feel differently about themselves, and may change other aspects of their lives. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

**Fee Policy**

My fees for professional services are commensurate with community standards per client contact hour. A client contact hour is considered to be a 50-minute hour. Longer sessions will be prorated. Clients will be billed for missed sessions if client fails to give Ms. Earle a 24-hour notice that they will be unable to attend the scheduled session. Payment is accepted at the beginning of each session and may be made by check, credit card, or cash.

**Credentials**

I have completed a Master's degree in Counseling from Trevecca Nazarene University and have earned the clinical experience necessary for licensure in the state of Tennessee. My work and caseload continue to be supervised by an approved supervisor, Linda Hazel, PhD and/or Tammy Stone, LPC-MHSP, LADAC.

**Do you have any questions about fees, confidentiality, or other matters?**    Yes \_\_\_ No \_\_\_

**Do you agree with the conditions and provisions of these Practice Policies?**    Yes \_\_\_ No \_\_\_

**Signature of Responsible Party(ies)**

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

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

\_\_\_\_\_ **Date** \_\_\_\_\_  
Marita Beth Earle, MA, LMFT