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VICKYE HAYTER, RN, LCMFT

Professional Disclosure Statement

Education:

- B.S.N. 1996 University of Arkansas, Nursing
- M. S. 1998 University of Arkansas, Health Science
- M. S. 2015 University of Maryland, Couple and Family Therapy

Specialization:

I am a Registered Nurse with experience in Maternal and Child Health, as well as a Licensed Clinical Marriage and Family Therapist. I work with individuals, couples, families and groups. I am a Member of the American Association of Marriage and Family Therapy (AAMFT).

Credentials: RN – License Number: R216262 and LCMFT- License Number: LCM655

Fee Schedule:

My standard fee is \$150 for a 50-minute therapy session, \$200 for a 90-minute session, and \$75 for 30 minute tele-therapy sessions. Payment is made at the beginning or end of each session by check, credit card, cash or money order. A cancellation fee for the amount of scheduled session is assessed for missed appointments, and for appointments which are not cancelled 24 hours prior to the scheduled session. A \$35 fee is assessed for returned checks. A \$20 fee will be charged for forms other than brief health insurance claims.

The Maryland State Board of Professional Counselors and Therapists is responsible for regulating the practice of Licensed Clinical Professional Counselors, Marriage and Family Therapists and Alcohol and Drug Counselors and unlicensed individuals who practice psychotherapy. Address: Board of Professional Counselors and Therapist, 4201 Patterson Avenue, Baltimore, MD 21215.

Clients Rights and Important Information:

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can make this determination), and my fee structure. Please ask if you would like to receive this information.
2. You are entitled to seek a second opinion from another mental health professional and/or to terminate therapy at any time. Please inform me of your decision to terminate therapy.
3. Sexual intimacy/contact and/or personal relationships between a therapist and a client is unethical and prohibited. If sexual intimacy or contact occurs, it should be reported to the Maryland State Department of Health and Mental Hygiene - Board of Professional Counselors and Therapists.
4. Generally, the information provided by and to a client during the therapy session is legally confidential if the therapist is a licensed marriage and family therapist. If the information is legally confidential, the therapist is bound to keep this information confidential within the scope of the practicing agency and cannot release information without the client's consent. Exceptions to this rule are listed in the Maryland state regulatory statute for professional counselors and therapists. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as required by law. Therapist will make every effort to inform you of exceptions as they arise in the course of therapy.
5. If you have any questions, please feel free to ask.

I have read the preceding information and understand my consumer rights.

Signature _____ Date _____