

**Aparna Ramaswamy, PhD, LCPC-S, NCC, NBCCH, DCC**

License # LC2220 (MD) # PRC14586 (DC), EIN: 47-1938963, NPI # 1124421789

Name:

DOB:

**Personal Disclosure**

I am a licensed clinical professional counselor & supervisor (LCPC-S), national certified counselor (NCC), national board certified clinical hypnotherapist (NBCCH) and distance credentialed counselor (DCC).

I follow an integrative healing model that promotes emotional well-being. This approach combines cognitive & behavioral therapies. The aim is to create inner strength & clarity in thinking. For details please visit my website [IntegrativeCounselingCenter.org](http://IntegrativeCounselingCenter.org)

While benefits are expected from the therapeutic process, results cannot be guaranteed. You have the right and responsibility to discuss and/or refuse any of my recommendations if you do not believe it would be helpful. You have the right to terminate our professional relationship at any time. However, I ask that we discuss your reason for termination, at which time I can also offer other referrals.

In the event of cancellation, I ask for 24-hour notice. In the event of 2 consecutive missed appointments, I may consider termination of services, at which time other referrals will be offered.

Most communications remain confidential unless I have reason to believe that you are a danger to yourself or another; you are a victim or perpetrator of physical or sexual abuse involving a child; or you have consented to the release of information. Additionally, I may use and disclose information for purposes of treatment, payment and healthcare operations.

*A copy of the blank forms, (including Notice of Privacy practices) are available for download at [www.IntegrativeCounselingCenter.org/forms](http://www.IntegrativeCounselingCenter.org/forms).*

*Please write your name and sign to indicate that you understand and accept the above information. Thank you.*

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_