

# Gioia Chilton, PhD, ATR-BC, LCPAT (MD), CSAC (VA)

Licensed, Registered and Board Certified Art Therapist

703 869-6395

gioiachilton@gmail.com

## Disclosure Statement and Practice Agreement

**Welcome!** The following describes my credentials, outlines policies and clarifies your rights as a client. Please read this form carefully. Please sign and keep one copy for your files. *Feel free to ask questions or discuss the information at any time.*

**Credentials:** I am a Board-Certified Registered Art Therapist and a Professional Member of the American Art Therapy Association, credentialed by the Art Therapy Credentialing Board (ATCB #96-004; Recertification date 7/1/2022). I received my Masters in Art Therapy from George Washington University in 1994 and Doctor of Philosophy degree from Drexel University in Creative Arts Therapies in 2014. I have worked as a therapist, clinical supervisor, researcher, consultant, counselor and training/workshop facilitator with individuals, groups, and organizations since 1991. If you would like to see my resume or CV, please let me know and I am happy to provide it.

**Individual Therapy/Consultation Session Length and Fees:** Individual sessions are 60 minutes, 90 minutes, or 2 hours in length. Fees will be stated up front and agreed upon by both parties. The hourly fee is \$195 per hour, \$285 per 1½ hour, and \$375 per 2 hour block. At times clients would like to check in briefly by phone or video for support/advice. I am available for 15 minutes (minimum) sessions at \$50/session.

Clients who would like to arrange for a series of sessions can do so in blocks of 4 60 minute sessions, at \$700/block. The meetings must take place within a three-month span and be paid for in advance. I recommend doing so only after we have met at least once for an initial session to determine if our work together would be a good fit for your needs. Once we have met, you can retroactively include your first session into a block if you decide you want to proceed with working together and feel that a block would suit your purposes. If you purchase a block of sessions, they cannot be broken down into smaller increments, such as half-hour sessions.

If arrangements are made for a reduced fee for our work together, that will be agreed upon by both parties and put into writing.

**Payment:** Fees are to be paid at each session upon receipt of service or in advance if you are purchasing a block of sessions. If you would like to use Paypal or Vinmo at Gioia-Chilton, please let me know and I will send you an invoice through that method of payment.

If someone else is paying for the sessions, a release for me to communicate with that person must be signed. You will be informed of and included in all communications that take place with that person. If the person expected to pay for your services does not do so, I will contact you directly with the understanding that final responsibility for payment falls upon you. If payments are outstanding for longer than 6 months from time of service, a \$50 late charge assessed will be assessed.

**Late Policy:** If you are late for a session, we may be able to extend the session past the originally planned time, but the session may be shortened if I am not able to extend it past the allotted time.

**Cancellation policy:** If you are unable to make an appointment, please provide at least 24 hours of notice. The full fee for the session may be charged for late cancellations or missed appointments unless due to an emergency. If you miss a session and I have not heard from you, I will write an email to inquire into your wellbeing. If I do not hear back from you within one month of that date, I will contact you by mail.

**Ending Treatment:** If I have not heard from you for two months, I will conclude that you have chosen to end our work together and write to inquire whether this is the case. If so and you have left any artwork with me, I will be happy to return it to you or you can come and pick it up at a previously arranged time. Because the art work is often larger than a standard letter, I request that you cover the postage. I will send the receipt for the postage in the envelope with the art work. It is your right to end our work together at any time without any fear of repercussion. If you are willing and able to discuss this with me in advance, it may be useful for us both to identify what was and was not helpful for you as well as to set up strategies for ensuring that you are getting the support that you need in the future.

**Other Fees:** There may be a charge for other services including consultation with other professionals which requires a time investment over and above what is standard and customary. This will be discussed and agreed upon in advance.

**Focus of Treatment/Consultation:** The course of our work together will involve collaborative decision-making and effort. We will frequently discuss and agree upon goals and we will review our progress to determine if the work that we are doing is effective and meeting your needs. Please let me know if there is something that you are wanting or needing from me in order to make our work together as useful and rewarding to you as possible.

**Health Insurance Claims:** I do not take reimbursement from insurance companies but if you submit an invoice, your insurance company may honor the service. It is important to know that insurance companies require a mental health diagnosis and that only certain diagnoses qualify for reimbursement. I have no hesitation helping you determine if/whether your concerns qualify for a mental health diagnosis and have extensive experience in this area. We can discuss how to proceed if a mental health diagnosis does not apply to your situation.

**Availability:** I will try to return calls and emails during business hours of the same or next business day. If your call is urgent, please make that clear. If assistance is needed prior to my returning your call, please contact local emergency services. If setting up a support system for emergencies is important for you, please let me know and we can make provisions for those times.

**Confidentiality:** All material discussed during the sessions is legally confidential. Your records are protected and cannot be disclosed without your written consent. However, I may consult with a clinical consultant or supervisory team regarding your case. On those occasions, characteristics that might reveal your identity will be withheld in order to ensure your confidentiality. **There are exceptions required by law, which are explained under the section below "Your Rights as a Client".**

**Emails and texting:** Please note that confidentiality cannot as easily be ensured in email communications and through texts. Therefore, please exercise judgment with respect to what you include these forms of communication and I will do the same. I do not provide advice or consultation through email for those reasons. If you have a quick question/concern that you would like help with, we may arrange to meet by phone for a short period of time in between sessions.

**Social Media Guidelines and Confidentiality:** Many of my clients have encountered me through events that I or Creative Wellbeing Workshops (CWW) has held in the community, through organizations that we collaborate with, and through word of mouth. This may create a dual relationship in which we encounter each other in different capacities. In those cases, I will take extra measures to ensure that your confidentiality is maintained and that we clarify and explore any confusion that might arise as a result of these dual relationships.

Creative Wellbeing Workshops has a Facebook page which many of our clients “like”. You are welcome to do so; however, your name will then be available to the public on that page. I am not generally “friends” with clients on my personal Facebook page in order to ensure your confidentiality and to avoid confusion about our work together. If we are already “friends” on Facebook, we can discuss measures that we might take if needed in order to address crossover and confidentiality.

You are welcome to look me or CWW up on the internet and, if any questions arise, I am happy to answer them if it would be helpful in our work together. Clients occasionally request that I look up something about them on the internet, which I am happy to do as well. However, because confidentiality is often important to some of the clients we work with, it is important to know that internet searches may be stored in a computer’s cached memory and so it may be traceable.

**Creative Wellbeing Workshops Newsletter:** CWW sends an email newsletter each month that provides strategies for increasing wellbeing and announces upcoming workshops. We will only include you in the newsletter database after you have given us permission to do so. Your email address and information will not, under any conditions, be shared with any other organizations. If you are already in the database, you can stop receiving emails by unsubscribing from the list (instructions for doing so are in the newsletter); however, your name will remain in the database to avoid having it inadvertently sent to you in the future. If you would like your name removed from the database let us know.

#### **Your Rights as a Client:**

1. You are entitled to information about any procedures, methods of service, techniques and duration of service.
2. You have a right to decide not to work with me or to seek a second opinion from another professional. I will provide you with the names of other qualified professionals whose services might be able to meet your needs.
3. You have the right to end services at any time without any moral, legal, or financial obligations other than those already accrued.
4. There are ethical standards which I am personally and professionally committed to upholding. For more information about these guidelines and codes or if you have any concerns in this area, please contact the following organizations.

**American Art Therapy Association** [info@arttherapy.org](mailto:info@arttherapy.org)  
(888) 290-0878 (703) 783-8468 fax  
4875 Eisenhower Avenue, Suite 240, Alexandria, VA 22304

**Art Therapy Credentialing Board** [atcb@nbcc.org](mailto:atcb@nbcc.org)

(877) 213-2822 (336) 482-2856  
3 Terrace Way Greensboro, NC 27403-3660

**Maryland Department of Health and Mental Hygiene Board of Professional Counselors and Therapists** [www.dhmh.maryland.gov/bopc](http://www.dhmh.maryland.gov/bopc) (410) 764-4732  
4201 Patterson Avenue, Baltimore, MD 21215

5. Upon request, any records can be released to any person or agency you designate. This is standard and customary and will incur no fees. Also, you may authorize me, in writing, to consult with another professional. Any fee for such services will be agreed upon in advance.
6. There are certain situations in which I am required by law to reveal information obtained during our work together without your permission (see below). If that is the case, I will involve you as much as possible in the process so that you have the most control that the situation will allow.

These situations are:

1. If you threaten bodily harm or death to yourself or another person.
2. If a court of law issues a legitimate subpoena.
3. If you reveal information relative to physical abuse, sexual abuse, or neglect of a child.
4. If you are in therapy by order of a court of law.
5. If you are involved in a criminal or delinquency proceeding.

### Statement of Client Understanding

I have read and understand the above policies and agree to meet the financial obligations listed. I have received a copy of this disclosure statement for my own records.

Signature: \_\_\_\_\_  
(client)

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

Signature: \_\_\_\_\_  
(client)

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

Signature: \_\_\_\_\_  
(service provider)

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