

Professional Disclosure Statement
Todd Malloy, MA, LMFT, CST
1811 Sardis Rd. North, Suite 207
Charlotte, NC 28270
North Carolina License #1561

_____(Initials) Overview and Description of Services

Todd Malloy, is a Marriage & Family Therapist licensed in the state of North Carolina. He sees individuals, couples and families, partnering with distressed clients from an integrative perspective. Being authentic in his approach to therapy, they work together for you to be empowered to a well and whole self. His approach to therapy is that of a consultant and fellow journeyman in exploring the challenges, and the emotional unrest of life. Other theoretical perspectives used include:

- Positive Psychology – focusing on the strengths that enables individuals to thrive and the belief that people want meaningful and fulfilling lives; that they want to cultivate what is best within themselves and enhance their experience of love, work and play.
- Humanistic – focusing on one’s present experience, one’s free choice and the idea that self awareness leads to choice, responsibility and change.
- Family systems – focusing on the present and playing and paying attention to one’s family of origin in a direct and non-confrontational manner to gain self awareness in current relationships and intergenerational experiences. A genogram (3 generational family history) is constructed, usually within the first two sessions.
- Cognitive-Behavioral – focusing on the present and interpersonal environments that perpetuate thoughts and behaviors. This modality is directive and actions, negotiations and contracts may be used to help modify cognitive and behavior patterns.

_____(Initials) Sessions, Fees, Payment Method, Scheduling & Cancellation Policy

- Initial Diagnostic interview last eighty (80) minutes. Fee: \$185.00
- Individual Session lasts fifty (50) minutes beginning on the hour and ending ten (10) minutes before the hour unless other arrangements are made. Fee: \$130.00
- Couples & Family Session lasts (80) minutes beginning on the hours and ending ten (10) minutes before the half hour unless other arrangements are made. Fee: \$185.00

Any time overage will be prorated in ten (10) minutes intervals. Clients pay for services after each appointment and are encouraged to schedule on a quarterly basis. Scheduling on a quarterly basis means negotiating and reserving appointment times specifically for the client for a period of 3 months. Professional services are rendered and charged to the clients and not to the insurance company. Clients who wish to submit a statement to their insurance company will receive a statement with appropriate procedure and diagnostic codes. Please note that it is the client’s responsibility to determine coverage. Visa, MC, AMEX, check and cash are acceptable forms of payment.

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Please note: A \$50 fee is assessed for each declined credit/debit card or returned check. Also, 24 hr. advance notice is required for any cancellation or re-schedule. Without 24 hrs notice, full fee will be charged unless it involves a life threatening emergency.

_____(Initials) Confidentiality and Special Concerns

Information disclosed in session is confidential and may not be disclosed to anyone without written permission from you, the client. However, North Carolina law requires the following exceptions to confidentiality:

- Where there is suspicion or evidence of child or elderly abuse,
- Where there is reasonable suspicion that the client presents danger to self or others, and
- Court Order

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Please be advised that therapeutic notes contain diagnosis and become part of the client record. Also, please note that confidentiality cannot be guaranteed in group work. During this process I will always work to help you achieve your goals yet cannot make any outcome guarantees. I will always assume (if possible) both partners love their children and want the best for them. For that reason, please know, I will not testify on behalf or against either party.

_____(Initials) Telephone

Phone sessions are available on request. If you need to contact me between sessions, please leave a message and I will return your call within 24 hours. If an emergency arises, state that clearly in your message and I will respond as soon as possible. An emergency is considered danger to self or other catastrophic loss. In the event of a life threatening emergency, it is in your best interest to contact 911 immediately. **Please note:** Non-emergency calls to my office about issues other than cancelation or scheduling will be considered billable at the standard hourly rate.

_____(Initials) All Things Social Media

It is policy that I do not get involved with any social media with clients to ensure their privacy and helps to protect the client/therapist relationship.

_____(Initials) Registering Complaints

On occasion, clients have concerns and complaints and are urged to bring them to the therapist's attention immediately. Clients may also register complains with the NC-MFT Licensure Board.

Client Name and Date (Print)

Therapist Name and Date (Print)

Client Signature

Therapist Signature

I have read these office policies and guidelines.
I have had the opportunity to ask questions.
I have had the questions answered and I understand them to the best of my ability.

These are the policies and guidelines of this office.
I have provided an opportunity for client questions.
I have answered all of the client's questions to the best of my ability.