



**CENTER FOR VETERANS IN TRANSITION (CVIT)**  
**CENTER FOR HEALING AND EMOTIONAL WELL-BEING (CHEW)**  
"WAKING UP TO OUR OWN TRUE SELVES"  
NPI: 1033572789

**Professional Informed Consent and Disclosure Statement**

1. **CVIT PRACTICE POLICIES:** This form has two purposes.

First, it tells you about our procedures and policies concerning important aspects of services, treatment, and psychotherapy. Please let me or CVIT know if you have concerns about any of these policies. Your first visit will help us get to know each other and determine a "best fit". Our intent is to achieve a general understanding of your situation to best determine your therapeutic goals and follow-on treatment plan. *We will both decide if I will be your primary therapist or if you may be referred to another therapist (rendering provider) within or outside CVIT based on your needs to best help you.* Because we want you to participate actively in planning your counseling, please do not hesitate to ask questions.

Second, this form is an Agreement between you, your individual therapist (rendering provider), and CVIT. You may cancel this Agreement in writing at any time. That revocation will be binding on CVIT unless we have already relied on this agreement to take action, or if your health insurer requires CVIT to send information needed to process claims made for our services, or if you have not paid your bill in full.

The therapy and counseling experience is a personal, shared interaction between two people; the most crucial aspect of this relationship is trust. To help you build this trust, therapists in the practice are qualified mental health professionals, residents, and interns working to identify and treat your mental health needs. This document is part of the standards of practice of the American Counseling Association. Please read this statement prior to your first session.

Psychotherapy is a way of talking through your problems to begin resolving them. You will need to take an active part in the process by working on and thinking about the things you talk about with your therapist. Psychotherapy has been shown to have many benefits; it can lead to better relationships, solutions to specific problems, and feeling much less distressed.

2. **APPOINTMENTS:** Individual and family sessions last 60 minutes and can be scheduled by email, text, or phone. Appointments may also be made through HIPPA compliant automated video systems when available.

3. **TELEPHONE CALLS AND ELECTRONIC MESSAGES:** Please try to contact me via telephone during normal business hours, Monday through Friday, 9-5. Lengthy telephone consultations may be billed at our standard hourly rate for professional service. In emergencies, you may contact me at the numbers listed above. An emergency is generally a situation in which you are in danger of hurting yourself or someone else.



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If the emergency is serious and you cannot wait until I can return your call, please call 911 or the Fairfax County 24-hour mental health emergency number, 703-573-5679, or go to the nearest hospital emergency room. Your completion of the intake form will be used to give me permission and agreement to text or leave a message on your cell phone.

4. **FEES, HEALTH INSURANCE, AND MANAGED CARE:** CVIT charges \$160 per 60-minute individual client psychotherapy session due at the time of service, payable by insurance company, checks, cash, or credit cards. I accept most insurance companies and will bill your insurance company based on the contracted rate with CVIT. Your co-pays and deductibles, as established in the insurance contract, are your responsibility. Payments will be credited and reconciled based on individual client deductibles, cost shares, and any benefit changes with their insurance company -- as reflected in the insurance company explanation of benefits (EOB).

Payment arrangements can be requested and will be considered on a case-by-case basis to help cover deductibles and other financial difficulties. Sliding scales can be considered on a case-by-case basis. All payments will be made to CVIT and CVIT will provide coordination and case management of your sessions. CVIT will coordinate and bill your insurance company. CVIT will also compensate your rendering provider as appropriate. *You will not be required to compensate your rendering provider directly.*

Appointment cancellations must be made at least 24 hours in advance to avoid fees. If I am not a provider for your insurance company, you may use our receipts to claim reimbursements based on your policy. Please be aware that any personal information or diagnosis provided to an insurance company can no longer be held to the same standard of confidentiality and may well become part of your permanent insurance record. If your treatment is being provided by another agency / party I will inform you of that party and let you know if that changes.

5. **EDUCATION & EXPERIENCE:** Counselors, therapists, residents in counseling, graduate level interns' and professionally trained coaches' practice with CVIT in accordance with their training, experience, and authority. You may be assigned a counselor within CVIT to be your individual therapist (rendering provider). *Your individual therapist may supplement this agreement and provide you their own expectations, education, experience, and background at the time you see them.*

Dr. Steve Zappalla is the clinical supervisor and earned his doctorate (PhD) in clinical mental health counseling and supervision (CES). He also holds a master's degree in pastoral counseling. Dr Zappalla is a Licensed Professional Counselor (LPC) in Virginia, a nationally Approved Clinical Supervisor (ACS), Nationally Board-Certified Counselor (NCC), and a certified substance abuse counselor (CSAC/CACII). CVIT offers services and has a special interest and experiences working

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with those suffering from addictions, trauma, PTSD, and substance abuse. CVIT also has experience working with individuals, families, couples, chemically dependent individuals, and their families that are dually diagnosed. The Clinical supervisor holds memberships with the American Counseling Association (ACA), and other professional organizations.

*Referrals to other therapists working within or outside CVIT may be suggested to address other specific issues or different populations such as minors, teens, young adults, families, etc. Referrals may also be made to help address other more specific types on mental health issues, behaviors, and disorders. As part of your treatment plan there may be times where you may be asked to see another mental health counselor trained in a more specific mental health modality for a limited number of sessions and time. This will be used to help achieve your treatment plan and supplement our work together. This may be a short-term process aimed at achieving our mental health goals.*

**6. COUNSELING PHILOSOPHY AND APPROACH:** CVIT relies on research and employs diverse training to integrate an array of therapeutic interventions that will yield optimum results for the individual and the issues presented. Treatment, services, and counseling is a joint effort, which cannot be successful without your hard work, energy, and courage. Therapy provides a safe place to explore reactions, thoughts, and feelings about people in your life as well as yourself. It allows you the opportunity to practice new ways of interacting and, when ready, to try these in other relationships. Self-awareness may be a short process for some clients and longer for others. Just as you have the right to decline or accept any suggestions or therapeutic approach, you also have the right be informed of any potential risks. Such risk might include, but are not limited to, uncomfortable feelings of guilt, anxiety, anger or frustration. During the process of changing, current relationships may become strained because of your growth. With these risks in mind, weigh the disadvantages of counseling with the benefits, which may include gaining insight into you, developing coping skills and equipping yourself to deal more effectively with life.

Together with your therapist you will decide on the number of sessions needed to achieve your goals. After the initial meeting you may be asked to visit a physician to rule out any biological causes for your distress before continuing forward in the counseling process. In the case of issues or concerns beyond the scope of our competence we will make every effort to refer you to more qualified professionals.

We often recommend that clients join a therapy group, as groups maximize growth potential, ground individuals in a better understanding of their own issue, as well as expanding an individual's ability to form effective relationships. If you are referred to a group; that process will be explained in detail before you are expected to make a choice to enter.



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A great deal of growth can be facilitated by you, outside of the counseling session. You may receive referrals to support groups, 12 step organizations, or stress and anger management groups to aid in your understanding and growth. Further, suggestions to see a specialist to supplement your therapy and treatment plan. These visits may be of short duration to offer other techniques and therapy to support our CVITs practices. Counseling sessions will be held within the counseling office or on an approved HIPPA compliant video platform only. For your best interests and to protect your personal rights, our relationship must always remain professional; this means that even though our relationship may seem very intimate, you must remember that we are only sharing with you as a professional and focusing on the goals you have indicated you desire to reach.

**7. Confidentiality:**

All information shared will be kept confidential with the following exceptions.

- a) If I believe you are a danger to yourself or someone else
- b) If you give me written permission to disclose information
- c) In the case of abuse to a child or an elderly person confidentiality will be waived
- d) If the information is court ordered
- e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement
- f) In case of a Medical Emergency
- g) These rights are waived if accusations of misconduct are brought

Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken. In the event the client is a minor, parents or legal guardians may be included in the counseling process as is appropriate, however measures will be taken to safeguard confidentiality, always acting in the best interest of the client.

Legal guardians of minors (both if necessary) will be asked to provide consent to treat a minor in their custody (additional CVIT Policy will be signed). Further informed consent and disclosure between an assigned rendering provider and legal guardian will be included in the specific rendering providers release / consent form. As a minimum, your signature on this consent provides agreement to allow the rendering provider to release information to CVIT pertaining to billing such as dates of treatment and service codes (diagnosis and procedure).

Other clinicians and rendering providers contracted to CVIT may consult with me as the Clinical supervisor for CVIT in support of your (or minors) treatment objectives. Signature of this contract provides authorization for communication between me and you're your treatment provider

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progress in treatment as appropriate.

As a counselor I receive supervision (by an individual who is bound by the same code of ethics as I am) to continually improve my counseling skills, any information shared during supervision will be discussed for professional purposes only and every effort will be made to protect the client's identity.

8. **CLIENT RIGHTS:** All records are the CVITs property; however, they are kept for your benefit and are available to you at your request, if deemed therapeutically valuable. As stated earlier, you have the right to be informed of your counselor's qualifications as well as the right to decline or accept any suggestions or therapeutic strategies. You will be reminded of these rights and choices periodically throughout our therapeutic relationship. Termination of the counseling relationship will be made by you or by a collaborative decision between you and the therapist.

9. **EMERGENCIES:** If you have an urgent situation, which you feel needs immediate support and I am not available by phone, please contact your local 911 system or go to the nearest emergency room.

10. **COMPLAINTS:** If, at any time, you feel any behavior or approach is inappropriate or troubling to you, please let us know. If, however, you do not feel your concerns are being addressed appropriately, feel free to contact any or all of the following: American Counseling Association or Virginia Department of Health Professions at Perimeter CVIT, 9960 Maryland Drive, Suite 300, Henrico, VA 23233-1463. Telephone: 1-800-533-1560 or (804) 367-4691; Fax: (804) 527-4424; and Email: enfcomplaints@dhp.virginia.gov

11. **CLIENT RESPONSIBILITIES:** As a client you have the responsibility to set and keep appointments. Let your therapist know as soon as possible if you cannot keep an appointment. You will be expected to: pay your fees in accordance with the schedule you pre-established, help plan your treatment goals; and follow through with agreed upon goals. The client is responsible for his/her actions when he/she refuses treatment or does not follow the practitioner's instructions. The client is responsible for following the facility's rules and regulations affecting client care and conduct.

The client is responsible for being considerate of the rights of other clients and facility personnel. The client is responsible for holding in strict confidence other client's mental health/substance abuse information which may be obtained during group therapy and socialization. It is also your responsibility to keep your therapist informed of your progress towards meeting your goals and to terminate your counseling relationship before entering into arrangement with another counselor. Please list any questions you have and bring them with you to your first visit. We will be sure to address all your questions and concerns.

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12. **GIFT POLICY**: We do not and cannot accept any cards or gifts from you, regardless of cultural beliefs or practices. Money will only be accepted at my standard fee for services rendered. The relationship between client and counselor must always remain professional, as discussed previously, in order to accomplish your treatment goals. This involves maintaining a delicate balance between the two parties that can be thrown off upon the giving and receiving of gifts. Thus, we will not jeopardize your opportunity to succeed in counseling by giving or receiving gifts. Please understand that while your intentions are respected and the gesture is appreciated, this policy is in place for your benefit.

13. **INCLEMENT WEATHER POLICY**: In the event of inclement weather (i.e., snow and/or ice) that makes it difficult or hazardous to travel, your appointment can and will be rescheduled for a later time. Rescheduling can be discussed over the phone when a call is made to cancel an appointment. The 24-hour cancellation notice described on Page 1 does not apply in this circumstance. For emergencies during inclement weather, please call 911. DO NOT attempt to travel to the emergency room in hazardous or life-threatening weather.

14. **CONSENT FOR TREATMENT**: By signing below, you indicate that you have read this disclosure, that your questions have been answered and that you understand the above information. Your signature also indicates that you are consenting to receive counseling services.

- **Acknowledgement of Notice of Privacy Practices**: My signature indicates that I have received a copy of the HIPAA Notice of Privacy Practice and had an opportunity to ask any questions I may have.
- **Grievance Process**: I have received a copy of and understand the grievance process.
- **Client Rights, Responsibility and Confidentiality**: My signature attests that I have read, and fully understand my rights as a client, as well as my responsibilities. Additionally, I am aware of the limits of confidentiality.

Please Sign:

_____ Client Signature	_____ Date
_____ Signature or Parent/Guardian Signature	_____ Date
_____ Assigned Mental Health Provider / Rendering Provider	_____ Date