



# Emmaus Family Counseling Center

INDIVIDUAL • MARITAL • FAMILY THERAPY • CHILD • ADOLESCENTS

**Patti McCarthy Broderick, PhD**  
**LPC, CCMHC, BCCC**

**Information for New Clients:** The purpose of this document is to inform you of the basic relationship that occurs when you seek counsel from Dr. Patti Broderick at Emmaus Family Counseling Center. Reading this document will hopefully give you a better understanding of what is involved in order to make a more knowledgeable decision regarding the appropriateness of counseling for you.

**Counseling:** You are taking an important step toward your holistic health. This step can only be taken with some risks as well. You may be working through emotions generated from past hurts, pushing yourself for insight and continuously seeking spiritual growth during counseling. While the intent of counseling is growth and healing, it can be painful as well. If at any point you desire to discontinue counseling, you always have the right to do so.

**Confidentiality:** Confidentiality is of the highest priority and extends throughout the counseling relationship. What is discussed in session is strictly confidential. However, case consultation is conducted, anonymously, among Emmaus staff, as needed, to assure the best care for clients. Additionally, in the following cases, Dr. Broderick is required to break confidentiality and when appropriate, notify the proper authorities: 1) If your condition indicates that you are in danger of harming yourself. 2) If you indicate others may be in danger from you. 3) If abuse, neglect, or molestation of a child or senior citizen is suspected. 4) By court order. Confidentiality will also be maintained in couple/marriage and family counseling. It will be assumed that any discussions held individually with either partner will be confidential unless otherwise determined in session. Release of information to another medical or counseling professional is available only with your written consent.

**Counselor Background:** Dr. Broderick, received her Bachelor of Science Degree in Civil Engineering from the United States Air Force Academy, her Masters Degree in Counseling from Boston University (overseas) and her doctorate in Professional Counseling from Liberty University. Additionally, she has her professional counseling license from the state of Virginia. She is a member of the American Association of Christian Counselors.

**Counseling Approach:** Dr. Broderick views the study of psychology as another venue for the general revelation of God. However, she considers His special revelation, the Word of God written in the Bible, to be divinely inspired truth through which all general revelation must be filtered. Therefore, in her approach to counseling, she attempts to use Scripture as the primary lens and psychology as a secondary lens for her theoretical formulation. Since man does not address his trials in isolation, she tends to be holistic in her approach to counseling by integrating all factors, which impact functioning. Ultimately, however, her theoretical leanings are cognitive, existential and dynamic.

**Fees:** The fee for the initial evaluation session with new clients is \$150.00. Following the initial session, her hourly rate is \$125.00 for each 50-minute therapy session. Clients will be charged \$50 for cancellations made within less than 24 hours of the appointment except in

the case of an unavoidable emergency or inclement weather. Counseling in the winter months will follow the closure schedule of Loudoun County Public Schools.

**Emergency Policy:** If you have a mental health emergency, please proceed to your nearest emergency room or call 911. After you have done one of these two, please call Dr. Broderick and leave a message, so she may contact you or your family (as appropriate) and follow up as soon as possible.

**Questions?** If you have any questions concerning the counseling here, please ask now or at any time. If you have a clear understanding of this document, please sign and date below. It will be kept as a record in your file with the notes from sessions. You may receive a copy for your own records, if you wish.

Signature of Client (or parent) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse (if needed) \_\_\_\_\_ Date: \_\_\_\_\_