

DOCUMENT 1: PROFESSIONAL DISCLOSURE STATEMENT(Client Information)

PROFESSIONAL DISCLOSURE STATEMENT

Clinician Information

Name: Thetis Cromie, DMin, PhD

License: LCSW, Board Diplomat

Contact: 312-922-1025 | Cromie1000@mac.com

Practice: Telehealth (location varies)

Qualifications

I hold a DMin and PhD with 26 years of experience in clinical social work. I adhere to the National Association of Social Workers (NASW) Code of Ethics.

Services Offered

Telehealth individual therapy sessions (45-50 minutes) addressing anxiety, depression, spiritual issues, relational challenges, and problems of living. I also provide supervision for psychoanalytic candidates.

Fees & Cancellation

Fee: \$160/session. Payment methods accepted via telehealth. 24-hour cancellation notice required; late cancellations incur full fee.

Confidentiality

Your information remains confidential except when: (1) you risk harm to self/others, (2) abuse of minors/seniors is suspected, (3) court orders disclosure, or (4) you authorize release. Telehealth uses secure, encrypted platforms compliant with HIPAA.

Referrals & Termination

I may suggest referrals for specialized needs not within my scope. Either party can terminate therapy with discussion.

Complaints

Contact me directly first. Unresolved issues: Illinois Department of Financial and Professional Regulation (IDFPR) at 1-800-560-6420 or www.idfpr.illinois.gov.