

RDU Counseling for Change

Client Disclosure Statement *(Information and Consent for Treatment)*

I am pleased that you have chosen RDU Counseling for Change for your counseling. This document is designed to inform you about our services offered, session fees and length, nature of our professional relationship, and document your understanding of and consent to treatment.

Counseling Services Offered

You can get the most out of our time together if you understand how counseling works and something about how I practice. I view counseling as a collaborative experience and a safe place where you can explore your thoughts, feelings, and behaviors in a non-judgmental atmosphere. I will listen, help you clarify your thoughts and feelings, and help you begin to gain a better understanding of yourself. Counseling is based on the development of a trusting relationship between us and the development of goals for your situation and plans to accomplish them. These goals will be your goals and will need to be realistic ones towards which you can work. I will encourage, support, and help you devise appropriate steps to move closer to your goals. Thus, counseling will include your active involvement and efforts to understand and change your thoughts, feelings, and behaviors. You will have to work both in and out of counseling sessions. Some steps may include homework assignments, exercises, writing in a journal, or observing yourself and practicing new behaviors.

RDU Counseling for Change provides therapy for individuals (age 12+), couples, and families in the following areas: depression, anxiety, mood disorders, grief and loss, adjustment difficulties, trauma, abuse, stress management, communication skills, spiritual issues, women's issues, relationship issues, couples, and family therapy. We do not work with people whom, in our professional opinion, we cannot help using the resources and skills I have available, and will in such cases offer referrals to another therapist who may be better equipped to help.

With respect to our theoretical basis for counseling, we use an eclectic style pulling from the following approaches based on your goals and situation: Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy, Psychodynamic, Solution-Focused, and Motivational Interviewing when working with individuals, as well as Emotionally Focused Therapy (EFT), Structural Family Therapy, and Family Systems Theory with couples and families.

We also believe that we are whole persons with physical, psychological, social, and spiritual parts. All of these parts play a role in how we encounter the world and relate to others. That is why RDU Counseling for Change believes counseling is a safe place to explore matters of faith. As Christians, we are committed to an approach that includes an integration of our Christian faith with compatible psychological perspectives. But whether we include discussion of the spiritual dimension of life in our time together will be up to you. If you are interested in integrating a spiritual discussion into our sessions, please let your therapist know. However, it is important that you understand that our faith informs who we are, how we understand others, and the nature of and solutions for problems in living. Primarily, we believe that each person has innate value and worth, deserving to be treated with respect and value.

We will enter our relationship with hope and expectation for positive change. It is important, however, that you understand there are possible risks as well as benefits of counseling. Risks might include uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or you may experience difficulties with others. Sometimes, relationships can take unaccustomed directions that feel quite awkward at first. That initial awkwardness can occur no matter how you evaluate the balance between the long-term costs and benefits compared to the old ways of relating. Decisions you make regarding these areas of your life will remain your responsibility.

We may refer you to other professionals, such as doctors, nutritionists, or other supportive services if we feel that you would benefit from additional resources. RDU Counseling for Change believes in a collaborative approach and would request you to fill out a release of information form, so that we may consult with these other professionals. You may, as with all aspects of your treatment, decline such recommendations. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy, we ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, as well as our choices.

Sessions

We assure you that our services will be provided in a professional manner and will be consistent with accepted ethical standards. Sessions are about 50-55 minutes in duration. We will decide together on the frequency and appointment times of sessions, which are generally weekly to biweekly. You are responsible for your regular appointment hour, and I reserve this time for you. Please provide me with 48 hours' notice if you need to change your appointment. Otherwise, you will be charged the entire fee for your session.

Fees

Our per-session fee is \$130 for therapy and \$150 for the initial session. We contract with Blue Cross Blue Shield of North Carolina (with the exception of Blue Value, Blue Local, and Blue Medicare), Cigna, Aetna, and Tricare insurances and will bill for these visits. For other health insurance companies, we are considered out-of-network. If you choose to work with us, we will provide you with a Super Bill for you to submit for reimbursement. If you choose to file for reimbursement from your insurance company, they may require information regarding diagnosis, symptoms, treatment goals, and methods. Any diagnosis provided to your insurance company becomes a part of your permanent medical record.

If you anticipate difficulty with payment, please discuss your concerns with us. Fees for counseling services are due at the end of each session. Cash, personal check, or credit card is accepted.

Confidentiality

We regard the information you share with me with the greatest respect, so we want us to be as clear as possible about how it will be handled. All information that we share, as well as my records of our conversations, are confidential. There are four circumstances in which I cannot guarantee confidentiality, either legally or ethically:

- (1) If the therapist believes that the client is in a clear and imminent danger to self or others, I will contact the appropriate authorities to prevent harm. I would explore all other options with you before taking this step. However, if at that point you were unwilling to take steps to guarantee your safety, I would call the police.

- (2) If child, elder, or dependent/impaired adult abuse is suspected, the law requires I report it to the appropriate authorities.
- (3) If you give me written permission to disclose your information.
- (4) In rare circumstances, therapists can be ordered by a judge to release information.
- (5) In case of a medical emergency.
- (6) If you use your medical insurance, your insurance company may inquire about your therapy. No information other than your diagnosis and date of service will be provided without a written consent for Release of Information from you. Please be aware that I cannot control how your insurance company uses information about you, and/or your dependent(s) once it is in their possession.

In order to provide you with the best possible help, we will consult with colleagues and other therapists who may have insights that will be of assistance, but only in such a way that your confidentiality is preserved.

Consultation

During the course of treatment, consultation may be a required and/or a necessary part of your care. If a court appearance is required, a minimum rate of \$250 will be retained for such service. Each subsequent hour, including such actions as time spent in travel, preparation, document preparation, and consultation with attorneys or other professionals will be billed at a rate of \$150 per hour. Payment for such will be required on the date of service. Time spent in phone consultation or attendance at school conferences, such as IEP meetings, will be billed at \$150 an hour.

Communication

With the advancement of technology, it is important to be mindful of the possible implications of texting or e-mailing with one another. Our primary mode of communication needs to be in the context of the therapy room. We do our best to return phone calls within 24 hours, except for weekends or vacations. Do not text or email if in crisis. Please call 911 or visit your local emergency room. In the event that e-mail is exchanged (e.g., intake documents), RDU Counseling for Change will use our secure online portal of Jituzu to ensure the confidentiality of our communication. Please use this portal as well for all e-mails. Emails should not be used in place of therapy. If you e-mail, we will discuss the contents at session.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you arrange with me. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You may learn more about me as we work together, but it is important for you to remember that you are experiencing me as a professional therapist.

Complaint Procedures

If you are dissatisfied with any aspect of our work, this is most effectively and productively dealt with in our sessions together. Please feel free to ask any questions or clarify any confusion you may have about our work. If you think that you have been treated unfairly or unethically by me and cannot resolve this problem with me, you can contact the North Carolina Board of Marriage and Family Therapists at P.O. Box 5549, Cary, NC 27512 or the North Carolina Board of Licensed Professional Counselors at P.O. Box 77819, Greensboro, NC 27417.

Please read carefully and complete the following section:

By signing below, you are acknowledging the following:

- I have read these policies and understand and accept them as described.
- I hereby give my permission and consent to RDU Counseling for Change to provide psychotherapeutic treatment to me and/or _____ who is (are) my spouse/child(ren).
- I understand that I need to give 48 hours' notice of an appointment change or will be responsible for my per session rate.
- I will pay \$130 per session or copay required by insurance, as agreed upon with the therapist.

Client's Signature _____ Date _____

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____

Client Demographics

First Name _____ MI _____ Last Name _____

DOB: _____ Social Security #: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Preferred Method of Contact for Appointments: phone email

Referring Physician: _____

Medications: _____

Gender: Male Female

Marital Status: Married Divorced Single Separated Legally Separated

Widowed Domestic Partner Unknown

Race (Optional): Caucasian Black Hispanic Asian/Pacific Islander _____

Employment Status: Unemployed Full Time Part Time Disabled Retired Student

Employer: _____

If seeking a sliding scale fee, please list your annual income: _____

RESPONSIBLE PARTY (Person Responsible for Payment of Charges. If same as client, **write SELF** and go to next section.)

First Name _____ MI _____ Last Name _____

Relationship to Client: _____ Social Security #: _____

DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

1. Have you ever received psychological, psychiatric, alcohol or drug treatment before?

Yes No If yes, please describe in detail:

2. Have you ever been prescribed medications for psychiatric or emotional problems?

Yes No If yes, please describe in detail:

3. Please list any psychiatric or substance abuse hospitalization/s (include dates of treatment):

4. Do you have a family history of mental illness or substance abuse? If so, please explain.

5. Please provide the name of your primary care physician: _____

Phone Number Address City Zip

May RDU Counseling for Change contact your primary care physician to coordinate your care?

Yes No

6. Please list any current medical/health-related conditions, or concerns: _____

7. Please list any current medications (include name of doctor prescribing medication and any over the counter medications or herbal remedies): _____

8. Are you experiencing dissatisfaction or difficulties with your sex life? Yes No

9. Do you have any current legal charges, court involvement or under court order to receive services?

If yes, please describe:

PLEASE CHECK ALL THAT APPLY:

Headaches	Memory problems	Depression
Sleep problems	Heart palpitations	Feeling tense or nervous
Academic concerns	Ideas of harming yourself	Drug use
Worries about money	Feeling shy around others	Not confident
Having a lack of friends	Stomach problems	Concerned about eating habits
Feelings of panic, fear, phobias	Trouble concentrating	Alcohol use
Feeling sad or depressed	Grief or loss	Nightmares
Feeling restless	Feelings of hopelessness	Feelings of worthlessness
Low self-esteem	Disturbing thoughts	Hallucinations
Aggression	Mood swings	Recurring thoughts
Chest pain	Suicidal thoughts	Trembling
Sexual concerns	Sexual identity concerns	Anger
Ideas of harming others	Memory problems	Chronic pain
Blaming or criticizing self	Abusing others	Dizziness
Feeling tired	Feeling a need to be on the go	Problems at work
Anxiety	Antisocial or illegal behavior	Concerned about family members
Irritability	Abused by others	Sick often
Isolating self	Disorganized thoughts	Relationship problems
Distractibility	Impulsive	Poor judgment

Please add any other information that would be helpful for the counselor to know.

Emergency Contact (Please complete)

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you —perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and contact information for your emergency contact person.

Name: _____ Relationship to you: _____

Phone Number: _____ Address: _____
City Zip

E-Mail Address: _____

Acknowledgement Page

Please read each statement and initial that you have received and understand the information given.

_____ **Acknowledgement of Receipt of Written Statement of Clients' Rights.** I have received and reviewed a copy of Kelly Harrison's Statement of Clients' Rights explaining my rights.

_____ **Verification of Receipt of Privacy Notice.** I have received and reviewed a copy of Kelly Harrison's Privacy Notice explaining how my Protected Health Information (PHI) will be protected and under what conditions this information will be released.

_____ **Acknowledgement of Receipt of Consent to Treatment.** I declare that I am legally competent and that I have the capacity to consent to my treatment and/or to the treatment of family members of whom I am the parent or guardian.

_____ **Acknowledgement of Receipt of Payment and Attendance Policies.** I understand that I will be charged my entire fee if I miss an appointment or did not cancel 48 hours in advance. Insurance will not cover missed appointments.

I am responsible for the copay/coinsurance/fee at the time of service or within one week of received service.

_____ **Consent to use email and text for communication.** Email, text messaging, and other forms of electronic communication are not secure or protected. However, I understand the social necessity for these types of communication. Please be advised that telephone calls are the best form of communication, but that text messages and emails will be used with your acknowledgement.

_____ **Termination of Services.** I understand that after the third missed appointment I may be contacted and notified of the termination of services.

Client Name (print): _____

Client Signature: _____ Date: _____

Witnessed by: _____ Date: _____