

Northeastern Professional Counseling

LPC Professional Disclosure Statement
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(Professional Disclosure Statement/Client Agreement/Consent for Treatment)

The purpose of this agreement is to provide important information about me and the policies of *Northeastern Professional Counseling*. Counseling is more likely to be successful if we have a mutual understanding of the counseling process. *For the purposes of clarity, if your minor child is the client seeking services, the information below applies to him or her as it relates to client-counselor issues.*

Qualifications

I hold a Master's Degree in Psychology from Bridgewater State University in Bridgewater, Massachusetts. I am licensed as a Licensed Mental Health Counselor (#9017) in Massachusetts, and a Licensed Professional Counselor (#3458) in Alabama and in North Carolina (#14232). I have 5 years of counseling experience.

Counseling Background

I completed my Practicum and Internship in the In Home Therapy program at a community mental health clinic in Taunton, Massachusetts. My training focused on intensive therapy with children, adolescents and families from many different backgrounds. I also have experience working as a School Based Therapist in the Massachusetts and Alabama school systems (elementary and middle schools). I have most recently worked in a private practice in Mobile, Alabama where I counseled individuals and families from various age groups and backgrounds.

I work with individuals, couples, and families of all backgrounds and sexual orientations. I have specialized training in working with service members, Veterans, and their families.

My primary theoretical orientation is Integrative. This theoretical orientation allows for the application of several components to major counseling and psychological theories including: Cognitive Behavioral Therapy (CBT), Mindfulness Based Cognitive Therapy, Solution Focused Brief Therapy, Family Systems Therapy, Person Centered Therapy, and Psychodynamic Therapy. Each of these approaches is well established, researched, and evidenced based. I primarily use Cognitive Behavioral and Solution-Focused Therapies.

I have found that counseling is most effective when it is a collaborative process. Within the next few sessions, we will establish goals for therapy. I will use these goals to develop a treatment plan that seems likely to assist you in meeting them. We will make adjustments to treatment plans, goals, and methods as needed. Most likely, you will find that our sessions provide a safe place to share thoughts and feelings, act out behaviors, and plan for the future. You may find that therapy provides rapid relief, or that the work is arduous and painful. It may, at times, seem the issues at hand are getting worse; this is simply a result of bringing these issues to the surface. However, we will work together to establish treatment that will likely result in long-term growth and healing.

You can expect that I will provide compassionate, empathic, and sensitive counseling that is specific to your experience, situation, or symptoms. I expect you to come to sessions on time, to complete any tasks we agree upon, and to do your best to talk about those concerns, behaviors, thoughts, and feelings that are bothersome. We will also agree that I reserve the right to refer you to another mental health or medical professional if, in my professional judgment, there is a need for medical or other interventions that I cannot provide. If anything about what occurs in our sessions or about the counseling process itself troubles or disappoints you, I strongly encourage you to talk about that in our sessions so we can address your concerns.

My supervisor at Northeastern Professional Counseling is Anna L. Coker, LPCS, LCAS. Her contact information is 252.333.4569 or email at info@northeasternpc.com.

Emergencies

In the event that you need emergency services and cannot contact me, please call the Mobile Crisis Hotline at 866-437-1821, Crisis Hotline at 627-LIFE or your local Fire-Police-Rescue at 911.

If I need to contact you, I will do so as discreetly as possible. Please advise us of the manner in which you wish to be contacted. Messages may be left on NPC, PC voice mail at any time. Voice mail is checked regularly between 8am and 4pm M-T, 8am and 3pm Friday. Your call will be returned as soon as possible. Our confidential answering service will answer your call after hours and on holidays. You may leave a message with the answering service or let the operator know that you need to speak with me if there is a crisis.

Use of Diagnosis

As your counselor, I utilize the Diagnostic and Statistical Manual of Mental Disorders (5th Edition), published by the American Psychological Association to assist in coding any diagnosis I may determine to be appropriate to your situation. This coding serves the purpose of providing a framework upon which I can view your situation and plan treatment.

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Federal privacy rules and regulations allow me to use or disclose your personal health information (without your written authorization) to enable me to provide treatment to you, for billing and related business purposes, to conduct healthcare operations, and to disclose your protected health information to any healthcare provider to facilitate their treatment activities. This may include consultations or referrals with other licensed health care providers about your condition, the coordination and management of your health care among healthcare providers or a third party, communications with insurance carriers and billing agents, and oversight organizations that work to ensure that services are provided in a manner that complies with applicable laws, regulations and professional ethics.

Uses or disclosures of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure.

NPC uses the system TherapyNotes as an EMR (Electronic Medical Records) in order to manage, file and bill all client records, therapeutic services and administrative processes. Passwords are changed every 90 days and they are never shared outside company employees/contractors.

Session Fees and Length of Service

An initial assessment/intake is approximately 60 minutes and is \$100 (self-pay). Each following session is approximately 50 minutes and is \$90 (self-pay). All fees are set; there is no sliding scale.

In addition to offering a self-pay rate, I also accept **Blue Cross Shield, Tricare, CG SUPRT, MedCost, Optima,** and **Military OneSource** insurance plans.

Please Note: For personal phone calls and text messages outside of a regular scheduled session, there is a \$2 per minute fee. This fee also applies for lawyers, family, doctors, etc. that you are requesting information to be relayed to, and in which there is an appropriate release on file.

There are also fees associated with letters and reports. There will be a \$25 fee for short letters noting treatment dates and diagnostic information. There will be a \$50 initial fee for longer letters with clinical information related to treatment and a per hour additional fee will apply.

If you are in need of DWI services, Anna L. Coker, LPC, LCAS offers assessments, ADETS, and group therapy classes. DWI services are listed at www.northeasternpc.com. DWI Assessments are \$100. ADETS Course is \$160. DWI Group Therapy is \$30/hour. I may observe these sessions at times.

NPC, PC accepts cash, check, money orders, and credit cards.

Payment is due at the beginning of each session, unless prior arrangements are made. If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance to avoid being charged a missed appointment/late cancellation fee. My goal is to manage my time more wisely to better serve clients. When timely (24 hours or more) cancellations occur, it is possible to offer open appointment times to clients on the appointment waiting list. Additionally, only a 15 minute grace period will be given for client running late. Clients arriving after the 15 min grace period WILL be charged the same \$65 fee. The following policy is in effect to encourage timely notice of cancellations. I sincerely appreciate your cooperation and understanding.

POLICY: Clients are responsible for a \$65 charge for each No Show/No Call event or when an appointment is cancelled with less than 24 hours prior notice.

The client agrees to pay this charge at or before the next appointment. These charges may be appealed if extenuating circumstances exist that prevent timely notification of cancellation. Anna L. Coker, LPCS, LCAS is the final arbiter regarding such appeals.

As of July 1st, 2018, all clients will be asked to keep a credit card on file for late cancellation and no-show fees to be charged at the time of cancellation or no-show.

_____I agree to allow NPC, PC to charge the card on file at the time of cancellation or no-show. I understand I will be sent a text message prior to charging the card. These charges may be appealed if extenuating circumstances exist that prevent timely notification of cancellation. Anna Coker, LPCS, LCAS is the final arbiter regarding such appeals.

We are committed to making efforts to ensure that your health care plan covers your services. However, if your health care plan ultimately denies coverage for any service provided to you, you will be responsible for paying for services rendered. These charges will be billed at the standard Northeastern Professional Counseling, PC rates.

Please carefully read the statements below and check statement that applies to you:

I will use my medical insurance. I understand that I am responsible for all co-insurance, co-pays, and fees for services provided to me in the event that my insurance company denies coverage. I have read, understand, and agree to comply with the Northeastern Professional Counseling fee policies, and the No Show/Cancellation Policy. I also and acknowledge receipt of the **Notice of Privacy Practices for Protected Health Information.**

I will not be using medical insurance, and will pay for services out of pocket. I understand that I am responsible for all fees for services provided to me. I have read, understand, and agree to comply with the Northeastern Professional Counseling fee policies, and the No Show/Cancellation Policy.

I also and acknowledge receipt of the **Notice of Privacy Practices for Protected Health Information.**

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblpc.org

Acceptance of Terms

I am required by law to maintain the privacy of your Personal Health Information and to provide you with a notice of my legal duties and privacy practices with respect to personal health information. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you a copy of these revisions at the next appointment. If you have questions or concerns related to this notice or its contents, please contact me.

By signing this document, I indicate that I have reviewed, understand, and agree to comply with the policies in this disclosure statement/agreement and that I consent to treatment for myself or my child.

All parties agree to these terms and will abide by these guidelines.

Signature of Client **Date**

Signature of Parent/Guardian (if client is under the age of 18) **Date**

Signature of Counselor **Date** **Sig**