

## **Disclosure Statement**

**Alicia Lopes Chinlund, MA, LPA, LCMHC, CHSP-LPA  
Psychologist & Licensed Clinical Mental Health Counselor  
Certified Health Services Provider  
Wellspring Center PLLC  
1995 NC Hwy 172 Suite B  
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(910) 327-0800**

*Graduate of Wake Forest University, B.A. (Psychology) 1983; M.A. (Psychology) 1986  
Doctoral candidate at UNC-Chapel Hill 1986-1987*

- *Licensed Psychological Associate (NC Psychology Board, 5/10/88)*
- *Certified Health Services Provider in Psychology (NC Psychology Board, 12/01/94)*
- *Licensed Professional Counselor (NC Board of Licensed Professional Counselors, 8/28/08)*

*Welcome! I am pleased that you chose Wellspring Center to be your provider of behavioral health services and look forward to working with you as we address the concerns that led you to take this important step. I would like to share with you some information regarding my background and our mutual obligations to one another as participants in your treatment. I am licensed in the practice of psychology and have been engaged in practice for over 30 years, with extensive experience in psychological evaluation, diagnosis and treatment of mental health disorders, psychotherapy, teaching, research, consultation and community education. I am also licensed in NC as a professional mental health counselor. I work with adolescents, adults, couples and families around a multitude of behavioral, mental and emotional health issues: attention-deficit disorder, depression, bipolar disorder, anxiety disorders, marriage and family issues, academic and school issues, stress-related disorders, PTSD, trauma, sexual abuse, self-esteem, parenting and discipline issues, life transition issues, and substance abuse issues on a limited basis. I also provide Christian counseling and have extensive experience working with military populations. While I no longer see children, I do provide parent consultation and parent training regarding behavioral disorders, developmental disorders and other childhood issues. I draw from a variety of theoretical models in the approaches I use in talk therapy but rely heavily upon cognitive-behavioral interventions, developmental theory, family systems models, psychodynamic theory, and bio/psycho/social models which emphasize the interplay between biological, psychological and environmental factors in the development of problems in functioning.*

*In working with a new client, I make a diagnosis based upon clinical observation and the information you provide and devise a plan of treatment based upon the goals desired in treatment. The diagnosis and treatment plan, as well as notes taken during each session, become a part of your confidential clinical record. Every effort is made, with your collaboration, to establish a deadline for attaining your goals. Length of treatment will vary, depending upon the symptoms presented, the role of significant others in treatment (e.g. individual vs. family or couples therapy), availability of other supports and client's motivation toward change.*

*It is not uncommon for clients to feel "stuck" at times or to resist the therapy process because therapeutic change can be difficult and emotionally painful. These are normal responses to therapy. Discussing these feelings will be an important part of the therapy process. If at any point you feel your goals are not being addressed adequately or that there is not a good fit between your needs and my treatment approaches, you are encouraged to discuss those with me so we can make appropriate adjustments or provide a referral to another provider. While regular attendance produces maximum benefit, it is not uncommon for clients to take a break from therapy in order to reconsider goals or, to apply insights and techniques learned in treatment prior to tackling additional goals. You are encouraged to maintain a regular*

*schedule of therapy sessions but are free to discontinue treatment at any time, and your wishes will be respected. Please communicate your intent to terminate treatment should you decide to do so, or if you desire a referral elsewhere.*

*I am qualified by my education, training and experience to treat most psychological issues, but there are a few exceptions. I do not accept clients who are court-ordered for treatment or who are not seeking treatment voluntarily. I do not provide treatment for individuals with a record of violent or sexual offenses as I see many clients who have a history of abuse or trauma and must guarantee a safe environment. Out of concern for patient safety, I do not accept clients for outpatient treatment who are not medically stable or who may require more intensive intervention such as residential care.*

#### *Payment for Services:*

*Client payments are due at the time services are rendered. Full payment is expected when insurance benefits have not been verified in advance and/or when insurance makes payment directly to the client rather than to the provider. This office may extend the courtesy of filing insurance on your behalf but you are ultimately responsible for inquiring with your insurance company to determine whether your benefits cover the services I provide and for ensuring that any necessary authorizations are obtained prior to treatment. Most major insurance companies and third-party payors cover much of the cost of treatment, but there are exceptions. Clients are responsible for any charges not covered by insurance and may pay copays, coinsurance or for non-covered services with cash, personal check, VISA, MC, or Discover card. In cases where financial hardship may prevent a client from seeking or continuing treatment, the client is encouraged to consult with me regarding affordable options for treatment. Most insurance companies impose limits on the types or number of services allowed within a certain time frame. Please keep track of the number of visits used to ensure that you do not exceed your allowable limits.*

#### *Fee Schedule:*

*Fee schedule is available to clients upon request at the office.*

#### *Confidentiality:*

*Information obtained during the course of therapy and regarding your treatment is confidential, protected by law, and typically cannot be released to anyone without your written consent. There are some exceptions, however. Certain information must be shared with your health insurance provider in order for this office to collect payment for services rendered to you. Your written consent for release of that information will be requested when you arrive for your first visit. There are other specific instances in which it may be necessary to release information: (1) In order to protect the welfare of the client in an actual emergency; (2) when court-ordered in the course of a legal proceeding (does not apply to divorce); (3) if a client presents an imminent threat of harm to self or others; (4) in cases of suspected child/elder abuse or neglect which I am required by law to report; (5) and to professional boards, public health agencies, or clinical supervisors if there is an issue regarding client or public safety/welfare. There may also be instances in which I may discuss a case with a professional in private consultation or supervision, in which case personal identifying information is not released. Please refer to the additional information (N.C. Notice Form) provided to you regarding the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.*

Appointments and Cancellations:

Evening and weekend appointments are available in addition to weekday appointments. **Clients will be charged for missed appointments or for failure to give 24 hours notice of cancellation** Insurance does not cover charges for missed appointments. Charges for my services are based not only upon the service provided but also the time reserved for that service. Please call to cancel within 24 hours and indicate the reason for cancellation. If you have an outstanding balance with this office, you must make payment in full prior to scheduling any further appointments.

Emergency Contact:

My emergency contact number is 910-308-7270. Routine calls placed during business hours will be received on confidential voicemail if I am in session or out of the office. I will generally return calls as soon as possible on the day your message is received and typically no later than the next business day. Clients experiencing a medical emergency will be directed to report to the nearest emergency room for assessment and treatment--911 will be called to assist you if there is any potential risk for harm. Concerns regarding medications should be directed to your physician; I am not qualified to offer medical advice.

Procedure for Registering Complaints or Grievances:

All disciplines of professional mental health practice have established professional and ethical standards by which all licensed and certified clinical providers must abide. The various licensing boards which govern mental health practice generally provide public access to those standards online or upon request. If at any time you believe that those standards have been violated by this or another provider, please contact the following boards to register your concern:

NC Board of Licensed Clinical Mental Health Counselors Post Office Box 77819 Greensboro, North Carolina 27417 (336) 217-6007	NC Psychology Board 895 State Farm Road, Ste 101 Boone, NC 28607 (828) 262-2258
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I have read and understand the above information, and agree to the terms of treatment as outlined.

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Alicia L. Chinlund, MA, LCMHC, LPA (date)

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Client or Client's Legal Representative (date)