

PROFESSIONAL DISCLOSURE STATEMENT

Isaiah Carl Otis Collins

I appreciate your consideration in creating a therapeutic relationship. Please read through the following document in an effort to achieve mutual understanding and expectations about the provided counseling services. I will be happy to clarify information or answer concerns at anytime throughout the duration of the counseling relationship, and thereafter.

Professional Qualifications, Experience, and Interests

I completed a master's degree in clinical mental health counseling from North Carolina Agricultural & Technical State University received December 2016. I have one year of counseling experience, and I am a member of the American Counseling Association (ACA). I have also completed additional training focused on couples and family.

I am a Licensed Professional Counselor Associate in North Carolina and will be under the supervision of Dr. Katherine Glenn. My North Carolina license number is A12845. Dr. Katherine Glenn can be contacted at Triad Counseling & Clinical Services, LLC 5603-B New Garden Village Drive Greensboro, NC 27410, (336) 272-8090.

My special interests include couples counseling, marriage counseling, family counseling, relationships, anxiety, depression, spirituality, men's issues, self-esteem difficulties, co-dependency, and trauma. If I do not believe I have the necessary experience or training to work with your particular situation, I will promptly refer you to another mental health professional that will work more effectively with concerns or difficulties.

Counseling Services

I strive to create a safe, accepting, and comfortable environment, which will allow you, the client, to grow in self-awareness and self-acceptance. Initially, we will work together to set goals, which we will continue to assess throughout the counseling process. I frequently utilize theoretical approaches such as Cognitive-Behavioral Therapy (CBT) and Emotionally-Focused Therapy (EFT). The benefits with change are growth, willingness to try new things, and accomplishing set goals. Fully informing you of a diagnosis may pose a risk to your self-image, however, the veracity of this counselor to fully inform you about such diagnosis promotes beneficence, nonmaleficence, and autonomy, which promotes long term benefits for you the client and this counselor's relationship.

Length of Sessions/Missed Appointment or Cancellations

Sessions are scheduled to be 45-50 minutes. If you arrive more than 15 minutes late or need to leave early, you will be asked to reschedule your appointment and pay a late fee. It is important to note that late fee or cancellation charge is your financial responsibility, not your insurances. Please give a 24-hour notice for the cancellation of an appointment. If no one is available to take your call, you may leave a message 24 hours a day at 336-272-8090. There is no charge for sessions cancelled at least 24 hours in advance. You may be charged for a cancellation within 24 hours of the appointment. **FOR A MISSED APPOINTMENT THAT IS NOT CANCELLED, A FULL CHARGE IS MADE. Insurance companies do not reimburse missed appointments.** A recurring problem with cancellations or missed appointments may result in termination of services. In addition, please do not appear for a session under the influence of alcohol or any mind-altering drug. If this occurs, the session will be cancelled, and you will be charged for the missed session. Ultimately, termination of the counseling relationship may occur.

Confidentiality

As a counselor, I abide by the standards of confidentiality set forth by the NCBLPC and the American Counseling Association (ACA) code of ethics, and upheld by the state law. Therefore, the information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and anytime

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thereafter will be held confidential. However, there are several situations in which I cannot legally or ethically hold the information confidential, such as: (1) if you disclose directly or it is reasonably suspected that you will pose imminent danger to the safety of yourself or others; (2) if you disclose that a child or elder adult has been or will be abused or neglected; (3) if a court order requires the release of case records or direct testimony; (4) if you request that your records be released and sign a release of information form; or (5) if you are a minor, your confidentiality is constrained by the request of your parent and/or legal guardian. In a counseling setting with multiple clients, such as group, family, or couples counseling, please note that I can only guarantee my own assurance to uphold confidentiality. In addition, if we encounter one another outside of the counseling sessions, I will not approach you first in order to protect your confidentiality. Please be aware that, at times, I may participate in supervision/consultation with other licensed professionals. This provides feedback about treatment strategies with the intention of being the most effective counselor. I will not reveal your identity without your express written consent.

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. Therefore, our contact will be limited to the sessions you arrange with me. Please do not invite me to social or family gatherings, offer me gifts, or ask me to relate to you in any other way than the professional context of our counseling sessions. It is in your best interest for our relationship to stay strictly professional.

In the interest of maintaining confidentiality, I do **not** participate in social media of any kind, as I believe it could compromise confidentiality and privacy, which would have a negative impact on our therapeutic relationship. I do not text clients and prefer to use email on a limited basis, as it is not a completely secure or confidential means of communication. You should know that any emails I receive from you and any response I send become a part of your medical record.

Therapists Vacations, Cancellations, and Client Emergencies

In the event that I may need to cancel an appointment, I will try to contact you as quickly as possible. Inclement weather or emergencies may require rescheduling. I will make every attempt to contact you at home, work, or on your cell phone with the numbers you provide to arrange another appointment. I will inform you of scheduled vacations at least one week in advance. During this time or when I am otherwise unavailable, you may leave a message for me at the office (336) 272-8090. If you are having an emergency or severe crisis and are unable to reach me, please call Moses Cone Behavioral Health (800) 525-9375 or High Point Behavioral Health (800) 535-9375. Also, you may call 911 for emergency services.

Fees and Insurance Filing

The fee for an initial diagnostic interview is **\$150.00**. Standard fee for each subsequent session is **\$125.00** per 38-52 minute session and **\$135.00** for sessions that extend past the 52 minutes. Cash, personal checks, and credit/debit cards are acceptable forms of payment. As a courtesy, Triad Counseling and Clinical Services, LLC will file insurance claims on your behalf. If you have a deductible it is our policy to collect the entire fee for the session and any subsequent sessions until your deductible has been met. However, once the deductible is met you are only responsible for your portion of the fee thereafter. If your insurance benefits state that you are responsible for a set co-pay or co-insurance, you will only be required to pay that amount on the date services are rendered. Should your insurance program have special arrangements, please discuss this with our Insurance Coordinator. Please remember that my professional services are rendered to you, not the insurance company. In accepting my services you also accept the responsibility of paying for these services should your insurance company pay only a part of the fee or deny the claim altogether. A minimum of 50% co-pay is expected at the time of service if the co-payment is not known.

When insurance is utilized for therapy services, clients should be aware of the limits of confidentiality and the fact that filing for insurance necessarily requires a diagnostic statement to be placed in your insurance records. The forms must be signed by you in order to authorize the release of confidential information. If you wish to be informed of the diagnosis before it is submitted to your health insurance company, please make Mr. Collins

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aware of this, and he will discuss the diagnosis fully with you. Typically, insurance companies require the following information: diagnosis, dates of service, the kind of service you received (i.e. individual, group, family, etc.), and the name of the client. Some managed care companies require additional information. Thus, you may not have the extent of confidentiality that you might otherwise expect. Signing this agreement authorizes the release of information to your insurance company.

Self-Pay fees for professional services are due at the time of each session. You will be mailed a monthly statement as a receipt unless you request otherwise. **If I am summoned to court on your behalf, you are responsible for paying my hourly fee for any time spent in transcribing records, time in court, including, but not limited to, travel time, meals, and any wait time prior to or in lieu of actual court appearance. Please be aware that Insurance will not pay for court appearances.**

Termination

It is my hope that the counseling sessions will lead you to a more desirable place and that you will experience improvement regarding your reasons for seeking counseling services. Every situation is unique and it is impossible to determine the exact course and length of the counseling sessions. However, throughout the counseling process, the goals for therapy will be reassessed. At the appropriate time, termination will be discussed.

It is important to know that you may choose to terminate services at any time. If you decide to discontinue therapy abruptly and without notice, I will call you no more than two times to follow up with you within two weeks following our last session. If you do not return my calls, your file will be closed and it will be noted that you terminated therapy with me without notice or consultation.

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, PO Box 77819, Greensboro, NC 27417
Phone: (336) 217-6007 or (844) 622-3572, Fax: (336) 217-9450, Email: Complaints@ncblpc.org.

We agree to these terms and will abide by these guidelines.

_____	_____	_____
Client's Name (Print)	Client's Signature (Parent/Guardian)	Date
	_____	_____
	Isaiah Collins	Date

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PATIENT'S RIGHTS & RESPONSIBILITIES

- Patients have the right to be treated with personal dignity and respect.
- Patients have the right to care that is considerate and respects member's personal values and belief system.
- Patients have the right to personal privacy and confidentiality of information.
- Patients have the right to receive information about managed care company's services, practitioners, clinical guidelines, and patient rights and responsibilities.
- Patients have the right to reasonable access to care, regardless of race, religion, gender, sexual orientation, ethnicity, age, or disability.
- Patients have the right to participate in an informed way in the decision making process regarding their treatment planning.
- Patients have the right to discuss with their providers the medically necessary treatment options for their condition regardless of cost or benefit coverage.
- Patients have the right to individualized treatment, including:
 1. adequate and humane services regardless of the source (s) of financial support,
 2. provision of services within the least restrictive environment possible,
 3. an individualized treatment or program plan,
 4. periodic review of the treatment or program plan,
 5. an adequate number of competent, qualified, and experienced professional clinical staff to supervise and carry out the treatment or program plan.
- Patients have the right to participate in the consideration of ethical issues that arise in the provision of care and services, including:
 1. Resolving conflict,
 2. Withholding resuscitative services,
 3. Forgoing or withdrawing life-sustaining treatment, and
 4. Participating in investigational studies or clinical trials.
- Patients have the right to designate a surrogate decision-maker if the member is incapable of understanding a proposed treatment or procedure or is unable to communicate his or her wishes regarding care.
- Patients and their families have the right to be informed of their rights in a language they understand.
- Patients have the right to voice complaints or appeals about managed care company or the care provider.
- Patients have the right to make recommendations regarding managed care company rights and responsibilities policies.
- Patients have the right to be informed of rules and regulations concerning patients' conduct.
- Patients have the responsibility to give their provider and managed care company information needed in order to receive care.
- Patients have the responsibility to follow their agreed upon treatment plan and instructions for care.
- Patients have the responsibility to participate, to the degree possible, in understanding their behavioral health problems and developing with their provider mutually agreed upon treatment goals.

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