

*Kristen Gregory Patterson, MA, LPC*  
*Licensed Professional Counselor*

Professional Disclosure Statement

Kristen Patterson is pleased you have selected her as your counselor. The following information is designed to inform you of her background and to ensure your understanding of the nature of the professional therapeutic relationship, your rights as a client, and office policies and procedures. Please read the following document to achieve mutual understanding about the provided counseling services. Kristen will clarify information or answer concerns at any time throughout the duration of the counseling relationship and thereafter.

Kristen earned a Master of Arts degree in Professional Counseling from Liberty University conferred in January 2008. She is a Licensed Professional Counselor (LPC) in Virginia (license number 0701006006) since December 2014. She is a Licensed Professional Counselor (LPC) in North Carolina (license number 14007) since June 2018. Kristen has practiced in a counseling role for 10 years. She has experience working with adults, adolescents, children, couples, and families. She provides outpatient counseling.

**Counseling Philosophy:**

Some aspects of the counseling process can be difficult. It often involves exploring things that may cause some uncomfortable feelings – sadness, guilt, anger, frustration, etc. However it can also bring about positive changes in behavior, self-awareness, insight and personal growth. Counseling requires commitment, willingness to try new or different things, and sometimes a fair dose of open mindedness. Counseling can be helpful in so many ways. Although benefits from counseling are expected, specific results cannot be guaranteed.

**Counseling Approach:**

Kristen views each individual as unique in his or her personalities, strengths and needs. She makes every effort to join clients wherever they are in their journey. Kristen introduces tools and provides support but recognizes that the client does the hard work. Kristen's focus is broadly based in Cognitive Behavioral Therapy however she is subject to use approaches from a number of models.

**Confidentiality:**

Counseling is confidential, protected by law; however, there are limits. Counselors are mandated reporters. This means certain circumstances require counselors to disclose information. Specifically when one suspects abuse or neglect of a child, disabled or elderly person; when one may be a danger to himself/herself or to someone else; and by a court order, information must be disclosed to the proper entity. Otherwise, information about you and your counseling is only released when specific written consent has been provided.

**Record Keeping:**

The laws and standards of the counseling profession require record keeping. Typically, records contain an assessment including a diagnosis, a treatment plan, and progress notes. Health insurance providers require a diagnosis for reimbursement, and they may also require treatment information. This information becomes part of your permanent record.

**Therapist Cancellations and Client Emergencies:**

Kristen will contact you as quickly as possible should she need to cancel an appointment. In case of inclement weather, please contact the office concerning operating hours. Kristen will inform you of her vacations at least one week in advance. When she is out of the office for an extended period, she will arrange for other therapists to be available for client emergencies. They may be reached at (336) 882-2812. You may reach Kristen on a routine basis by calling the High Point Office at (336) 882-2812 and leaving her a voicemail. If you have a severe crisis and are unable to contact a therapist please call, High Point Behavioral Health at (336) 878-6098, Moses Cone Behavioral Health at (336) 832-9700 or the Guilford County Emergency number (911). Persons experiencing suicidal ideation/thoughts may also call 1-800-273-8255 and/or the mobile crisis team at 1-877-626-1772 (in all counties).

**Explanation of Dual Relationships:**

Although sessions are psychologically intimate, the therapeutic relationship is professional, not social. It is critical that the professional relationship be based on respect, safety and trust. Therefore, it is in your best interest that contact with Kristen be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate to extend social invitations or gifts to Kristen or ask her to relate to you in any other way outside the professional context of your therapy. These limits are designed with your welfare in mind and allow for all efforts to be directed toward your therapeutic concerns only. In addition, because we often live in the same community, if Kristen sees you in a public setting, out of respect for your privacy, she will not acknowledge you unless you first acknowledge her and any ensuing conversation will be brief and not personal in nature.

**Social Media Policy:**

Kristen does not have any professional social media accounts. She does not accept friend or contact requests from current or former clients on her personal social media as it could compromise confidentiality and privacy which would have a negative impact on the therapeutic relationship. Kristen does not text clients. The preferred method of contact is phone however email could be used on a limited basis. Please be aware email is not a completely secure or confidential means of communication. You should also know that any emails received from you and any response Kristen sends become part of your medical record.

**Length of Sessions, Missed Appointments and Cancellations:**

Services will be provided in a professional manner consistent with accepted ethical standards. Sessions are a minimum of 38 minutes and can extend as far as 55 minutes in duration and will be scheduled at mutually agreed upon times. If you must cancel your

appointment, please do so promptly so that your appointment time may be given to someone else. There is no charge for cancellations at least twenty-four (24) hours in advance. For a cancellation made within 24 hours of the appointment, you may be charged. For a missed appointment that is not cancelled, a full charge is made. Insurance companies do not reimburse for missed appointments. If no one is available at 336-882-2812 to take your call please leave a message on our 24 hour voice mail. A recurring problem with “no shows” and/or nonpayment for services may result in termination of 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 copay 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 professional services are rendered to you, not the insurance company. In accepting 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 Kristen aware of this, and she 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 Kristen is summoned to court on your behalf, you are responsible for paying her 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.

#### **Overdue Accounts**

All accounts become overdue after thirty (30) days if no payment or arrangements have been made. Kristen will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with Kristen because past due

accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

**Office Staff:**

Samantha Dabbs is the Office Manager for Triad Counseling and Clinical Services, LLC. Her office hours are 9:00am-4:30pm Monday-Thursday. Tori George is the Office receptionist for Triad Counseling and Clinical Services, LLC. Her office hours are 8:30am-3:30pm Monday-Thursday. Inquiries about accounts and insurance should be directed to either member of the staff, should you have a concern.

**Use of Mind-altering Drugs or Alcohol:**

No smoking is allowed in the building. Please do not appear for a session under the influence of any mind-altering drug, including alcohol. Should the situation occur, the therapy session will not take place and you will be charged in full for the session. Such an occurrence may be considered grounds for termination of therapy.

**Complaint procedures:**

If you are dissatisfied with any aspect of your counseling with Kristen Patterson, please inform her immediately. If you think you have been treated unfairly or unethically, by Kristen Patterson or any other counselor, and you have been unable to resolve the problem by speaking with Kristen first, you can contact the North Carolina Board of Licensed Professional Counselors with any issues: By mail : PO BOX 77819, Greensboro, NC 27417 Phone: 844-622-3572 OR 336-217-6007 Fax: 336-217-9450

If you have any questions, please discuss them with Kristen. To indicate that you have read and understand the information presented to you, please sign and date this form in the space provided below. A copy for your record will be returned to you, and one will be kept by this office in your confidential records. Additionally, your signature below confirms that you have a copy of Patient Rights & Responsibilities which is located on the back of this statement.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Client's signature (or parent/guardian if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kristen Patterson, LPC

\_\_\_\_\_  
Date

## 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.