

Jessica P. Beckman, M.A., LPC, LCAS, NCC
Licensed Professional Counselor, North Carolina (License #7745)
Licensed Clinical Addictions Specialist, North Carolina (License #1692)
Nationally Certified Counselor (Certification #252891)

Professional Disclosure Statement Information and Consent

I am honored that you have chosen to begin counseling services with me. I hope you take the time to review the following information for a better understanding of what to expect in our professional counseling relationship.

Education and Experience

I received my Bachelor of Arts Degree in Psychology from the University of North Carolina Wilmington and went on to pursue my Master of Arts Degree in Community Counseling with a concentration in Addictions Counseling. I have been certified as a Nationally Certified Counselor since 2009 (#252891) and I have been a practicing counselor since 2009. My most recent experience is related to my role as an inpatient clinician at Old Vineyard Behavioral Health since January 2015. My other experience ranges from being a Mental Health/Substance Abuse Care Coordinator for a local Managed Care Organization, counseling university students, and outpatient substance abuse counseling. During my undergraduate and graduate training I also gained experience volunteering as a Rape Victim's Advocate, Crisis hotline, hospice bereavement volunteer, and a shelter substitute at a local domestic violence shelter. I am a Licensed Clinical Addictions Specialist (#1692) since October 2010 and a Licensed Professional Counselor (#7745) since December 2011. I am also a member of ACA and LPCANC.

I am the most competent serving adults and specialize in dual diagnosis with mental health and substance abuse. However, I have experience working with individuals who may be suffering from anxiety, depression, self-esteem issues, relationship issues, adjustment and transition issues, grief, domestic violence, sexual abuse, bipolar disorders, and personality disorders. If I am unable to competently serve your needs, I will refer you to another provider who can do so appropriately.

Therapeutic Process and Counseling Relationship

The relationship between counselor and client will be comprised of respect, trust, and collaboration. The goals of the counseling relationship will be established through our work together which will lead to a development of an appropriate treatment plan. The therapeutic process may lead to feelings of discomfort as you work towards growth and change to meet your long term goals. Growth and change will require you to take responsibility and ownership of your role in the change process. I will support, assist, encourage, and challenge in order to shape the process. I may suggest tasks or "homework" to be completed outside of the counseling sessions in order to continue to foster progress towards your goals. At times, our relationship may be intimate and personal, but we are bound by a contractual, professional relationship rather than a social one. We can only meet for the purpose of our professional counseling relationship and not for social purposes. However, there are times where we may run into one another outside of the counseling session at public places. Please do not be upset if I do not initiate contact. Since our meetings are to be kept confidential, I will not be able to acknowledge our relationship until you initiate the contact first.

Theory and Technique

The primary theoretical approach that I utilize is the Person-Centered Approach. From this orientation my goal is to create a comfortable and safe environment through genuineness, empathy, and unconditional positive regard. In addition to the Person-Centered approach, I often use Adlerian Therapy, Solution-Focused and Reality Therapy. I will strive to meet you where you are in my therapeutic technique. Different situations and personalities call for varied approaches. If you find that a particular technique is not working for you please notify me so we can discuss a more efficient way to meet your needs.

Client Rights

The client holds the right to request an alternative counselor if you feel that I am unable to meet your needs. I do ask that you participate in at least one termination session so that we can thoroughly bring the process to an end. Your participation is voluntary and you can refuse any of my referrals or suggestions. It is most helpful to me, if you notify me promptly of any dissatisfaction of my services. It is my responsibility to stand by legal and ethical standards and I will continue to uphold that.

As the client, you hold all rights to access your files. However, if you request to see these files I will ask that you sign a release form in the same way I would if your files needed to be transferred to another professional upon your request. For clients that are under the legal age of 18 years, legal guardians also hold a right to access these files. After the initial session, we will discuss how files will be shared with the guardian for cases with adolescent clients. Diagnoses are rendered only for the purpose of providing the client with optimum care when necessary. Diagnoses are rendered based on the Diagnostic and Statistical Manual of Mental Disorders 5th edition (2013). Diagnoses become a permanent part of the client's records. If you have specific concerns regarding diagnosis, please discuss this issue with myself further before signing this disclosure statement and informed consent.

Length of Sessions, Missed Appointments and Cancellations

Sessions will last 45-50 minutes in duration and the frequency and number of sessions will be determined on an individual basis. If you cannot keep your appointment, you should notify me or the office staff as soon as possible. There is no charge if the cancellation is made at least 24 hours in advance, however, **you may be charged for a cancellation within 24 hours of the scheduled appointment. You will be charged for a missed appointment that is not canceled.** Please note that insurance companies will not pay for missed appointments and therefore you will be responsible for the session fee. In the event of a canceled or missed appointment, there is no guarantee that I will be able to reschedule on short notice but I will try my best to accommodate. I will make every effort to inform you as soon as possible if I need to cancel a scheduled appointment. In the event of inclement weather, illness, or other emergency, we may reschedule for another time. I will notify you at least one week in advance of scheduled time away from the office.

Client Emergencies

If you experience a mental health crisis and are unable to contact me, please contact Sandhills Center at (800) 256-2452, High Point Behavioral Health at (800) 525-9375, Moses Cone Behavioral Health at (800) 711-2635, or 911. If you are outside of Guilford County, please call the emergency number for the county where you are located.

Office Staff

Samantha Dabbs is the Office Manager for Triad Counseling and Clinical Services, LLC. Her office hours are Monday through Thursday 9:00am to 4:30pm. An Office receptionist for Triad Counseling and Clinical Services, LLC will be available Monday through Thursday from 9:00am to 7:00pm, and Friday from 9:00am to 5:00pm on Fridays. Inquiries about accounts and insurance should be directed to either member of the staff.

Referrals

My role as your therapist is to evaluate your needs and make appropriate referrals to providers who can best meet your needs for aftercare services. I will assist as needed to support you in contacting and scheduling appointments but ultimately it is up to you to attend the appointments and follow up with recommendations.

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 Ms. Beckman 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 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.**

Confidentiality

As mentioned previously, the client holds the rights to their clinical record. Records are kept for seven years after termination of services and records of minors are disposed of seven years after their 18th birthday. Certain limitations exist to our confidentiality:

- Supervision
- Client has given consent for records to be sent
- Counselor believes that the client is in clear and imminent danger of harming themselves or someone else
- Intention to commit a crime has been disclosed to counselor
- Abuse or neglect of child or vulnerable adult is suspected
- Court orders counselor to make records available
- Sexual contact with another mental health professional has been disclosed
- Continuity of care

I am legally and ethically bound to uphold confidentiality in our relationship as well as the limitations to confidentiality.

Consultation with Colleagues

Consulting with my colleagues is also essential for me to make sure that I am doing all that I can to provide you with the best services possible. All names that are mentioned in therapy will be kept between the client and counselor.

Use of Mind-Altering Substances

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

Disputes and Complaints

I would hope that you would feel comfortable to come to me first about any disputes or complaints you may have about my services. However, you can also contact the North Carolina Board of Licensed Professional Counselors at the following address with any issues.

By mail: PO Box 77819 Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007 or Fax: 336-217-9450

By signing your name at the bottom of this statement you are stating that you have read the above and that you feel that the counselor has explained the information clearly. My signature verifies the accuracy of this statement and duty to maintain its specifications.

Printed name of client or child

Date

Signature of Client or Legal guardian

Signature of Counselor

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.