

Professional Disclosure Statement
Teresa Harwood, MA, LCMHC

Master of Arts (MA) in Social Psychology, received from the University of Oregon 1971

Licensed Clinical Mental Health Counselor (LCMHC) # 4425 2003 to Present

Licensed Mental Health Counselor 1995-2003

19 years as a Licensed Practitioner

Clientele served: adults and couples. Individual and couple offered in office, as needed. EAP (Employee Assistance Professional) consultation available. I also serve individuals and couples concerned with relationships with co-workers, spouses, or significant others.

An eclectic approach encompassing many theories utilized. Techniques are borrowed from solution focused, cognitive-behavioral, Rogers, multimodal, rational-emotive, Gestalt and transactional analysis.

CONFIDENTIALITY

The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by North Carolina State Law and my profession's ethical principles, except for the following circumstances: (1) when I believe you intend to harm yourself or another person; and, (2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances, Licensed Professional Counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and signed a Release of Information Form. Furthermore, your medical records will only be released upon receipt of a signed release of information form, and will only be released to a medical or mental health professional.

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intense psychologically, it is important for you to realize that we have a professional relationship not a social one. Our contact will be limited to sessions that we will schedule. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. If you see me outside of counseling sessions I will respond to your acknowledgement if you initiate the conversation. Otherwise, I assume you are choosing not to interact. The purpose of our conversation is just to greet each other and exchange pleasantries. These boundaries and practices are in your best interest. You will be best served in counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

LENGTH OF SESSIONS AND FEES

Sessions are 50 minutes in duration. My services will be rendered in a professional manner consistent with accepted ethical standards. We will decide on session times together.

The fee is \$100.00 per session. The fee or the copay is due at the BEGINNING of each session. There will be a fee charged for phone calls in excess of ten minutes, and a minimum charge of \$25.00 for any letters or correspondence that you may ask me to provide (with the exception of communication with your insurance company or primary care physician). Cash or personal checks, are acceptable for payment of the full fee or copay. I will provide you with receipts when asked.

If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. Unless it is an emergency, **YOU WILL BE CHARGED THE NORMAL FEE FOR THE MISSED APPOINTMENT IF YOU FAIL TO GIVE 24 HR. NOTICE. THIS IS FOR THOSE WHO FORGET HABITUALLY, NOT FOR UNAVOIDABLE SITUATIONS.** Please be aware that insurance companies will not reimburse for missed appointments.

BILLING/INSURANCE REIMBURSEMENT

Some health insurance companies will reimburse clients for my professional services and some will not. Only your company representative can determine, (1) whether your insurance plan will reimburse you, (2) the amount of your deductible, (3) your copay and (4) the amount you will be reimbursed. PLEASE REMEMBER THAT YOU ARE RESPONSIBLE AND NOT YOUR INSURANCE COMPANY FOR PAYING THE FEES AGREED UPON. Health insurance companies often require that I diagnose your mental health condition and indicate that you have an "illness" or reimbursable issue, before they will agree to reimburse you. In the event a diagnosis is required, I will inform you of the diagnosis before I submit it to the health insurance company. Any diagnosis made will become part of you permanent insurance records.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact:

N.C. Board of Licensed Clinical Mental Health Counselors
7D Terrace Way
Greensboro, NC 27403
336-217-6007 or 844-622-3572
Email: LCMHCinfo@ncblcmhc.org
Website: NCBLCMHC.org

for clarification of clients' rights as I've explained them or even to lodge a complaint. There will be no retaliation.

If you have any questions, feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy in my confidential records.

By signing, I am stating that I have read, understand, and agree to abide by the policies, practices, and boundaries stated herein.

Counselor's signature: _____ Date: _____

Client's signature: _____ Date: _____

Fee agreed upon: _____ Copay: _____

FORM I
Statement of Having Access To and Seen
HIPAA Policies and Practices
of
Teresa Harwood, MA, LCMHC

I, _____ have seen and have had access to the **Notices of Policies and Practices to Protect the Privacy of Your Health Information** provided by Teresa Harwood, MA, LCMHC.

Name

Date