

Molly Casebere, M.S., LPC, NCC  
Licensed Professional Counselor, North Carolina (License # 8518)  
Nationally Certified Counselor (Certification # 239857)

**PROFESSIONAL DISCLOSURE STATEMENT**  
Information and Consent

Thank you for seeking counseling services with me. The following will provide you with background information and also details of what our professional counseling relationship will look like. Please don't hesitate to ask any questions you may have.

**Education and Experience**

I received my Master's Degree (M.S.) in Counseling and Educational Development, with a specialization in Student Development in Higher Education, from the University of North Carolina at Greensboro in 2008. I have received certification from the National Board for Certified Counselors (#239857) which demonstrates that I have met certain standards in education, knowledge, and experience. I am also currently licensed as a Professional Counselor (LPC #8518) in the state of North Carolina. In addition, I previously obtained a M.S. in Exercise and Sport Science, with a specialization in Sport and Exercise Psychology, from the University of North Carolina at Greensboro in 2005. I have been a practicing counselor since 2008 and have additional sport psychology consultation experience.

The populations I am most competent in serving include adolescents and adults. Particular subjects that may be addressed may be developmental in nature, adjustment struggles, personal and career issues, as well as athletic performance enhancement. I have experience working with clients experiencing anxiety, depression, low self-esteem, relationship issues, sexual orientation concerns, substance use and abuse, identity development, adjustment and transition issues, bipolar disorders, personality disorders, previous abuse (emotional, physical, and sexual), and eating disorders. If I do not have the experience or training necessary to competently address your concerns, I will refer you to another mental health care provider who can adequately do so.

**Counseling Philosophy and Client Responsibilities**

The relationship between me, as a counselor, and my clients is one of respect, trust, and cooperation. Establishing personal rapport is vital to any successful relationship and must be accomplished in the early stages of counseling in order to foster growth. If a quality helping relationship is not established, little, if any progress will be made due to lack of trust. You and I will work collaboratively to determine the goals for counseling and decide on an appropriate treatment plan. I utilize a variety of counseling theories and techniques depending on what best suits each individual client. These often include Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Reality Therapy, and Solution-Focused Therapy among others. It is possible that you may experience some emotional discomfort or even an increase of unpleasant symptoms during the counseling process. This is a common experience and is often necessary for growth in achieving your long-term goal. Counseling requires effort from both and/or all parties involved. I feel that it is your responsibility to do your best to try to improve or make changes, while it is my responsibility to listen, educate, and help implement behavior change. I consider my role as facilitatory. I can try to help as much as possible, but you must be willing to put forth the work and effort in order to be successful in creating meaningful change. I believe that much of your growth will occur outside of our sessions, which is why I often utilize homework assignments. It is your responsibility to complete these mutually agreed upon tasks in order to maximize

progress. I believe that each individual is capable of making the positive changes they want to see in their life. I also believe that each individual is responsible for his or her actions.

### **Dual Relationships**

The counseling relationship is a contractual, professional relationship and will remain just that. Although sessions are psychologically intimate, the therapeutic relationship is 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 me be limited to counseling sessions or telephone conversations necessary to your therapy.

### **Confidentiality**

Imperative to our relationship is the importance of confidentiality. Your case records will remain safely locked at all times and will not be disclosed to anyone, including another professional or family member, without your express written consent. Anything told to me, except for the following exceptions will be kept in complete confidentiality:

- Abuse of Children or Elderly Persons: If a mental health professional reasonably believes that a child under the age of 18 or an elderly person is being abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.☒
- Imminent Harm to Self: If a mental health professional reasonably believes that you are in imminent danger of physically harming yourself (including significant alcohol and/or drug abuse) and if you are unwilling or unable to follow treatment recommendations, s/he may have to make an involuntary referral to a hospital and/or contact a family member or other person who may be able to help protect you.☒
- Imminent Harm to Others: If a mental health professional reasonably believes that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, and if s/he believes you are an actual threat to the safety of another person, s/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions).
- Peer Supervision: In order that I may provide you with the best services possible, and in accordance with professional ethics, I may, at times, participate in peer supervision/consultation with other Licensed Professional Counselors (LPC's) so that I may receive feedback about treatment strategies and other ways in which I may be most effective as your counselor. Please note that even in these colleague consultations I will not reveal your identity without your express written consent.
- Court Order: In rare circumstances Professional Counselors can be ordered by a judge to release information regarding treatment, diagnosis and history.☒
- In situations where a client maintains an unpaid balance on their account without having made special arrangements, the account will be turned over to the Credit Bureau, resulting in identification as a client.
- I do **not** participate in social media relationships of any kind with clients 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. I do not consistently check email if I am out of the office, so be aware that my response may not be prompt.

### **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. Casebere 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.**

### **Length of Sessions, Missed Appointments/Cancelations**

Sessions will last for 45-50 minutes and the number of sessions will be determined on a case-by-case basis. If you cannot keep your appointment, you should notify me as soon as possible. There is no charge if a 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. Insurance companies will not pay for missed appointments; therefore you will be responsible for the session fee. In the case of a canceled or missed appointment, there is no guarantee that I will be able to reschedule on short notice, though I will try my best to accommodate.

### **Therapist Cancellations/Vacations**

I will make every effort to inform you as soon as possible if I need to cancel an appointment. In the event of inclement weather, illness, or other emergency, we may re-schedule for another suitable time. I will inform you at least one week in advance of scheduled vacations. If I am out of town, you may leave a message for me at 336-272-8090 (office).

### **Client Emergencies**

If you have a severe crisis and are unable to contact me, please call the Guilford Center for Behavioral Health and Disability Services at 800-853-5163(during business hours), 336-641-4993 (after

hours), High Point Behavioral Health (1-800-525-9375), Moses Cone Behavioral Health (1-800-525-9375) or the Guilford County Emergency number (911). If you are outside of Guilford County, please call the emergency number for the county where you are.

**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 and 9:00am-12:30pm on Fridays. Tori George is the Office receptionist for Triad Counseling and Clinical Services, LLC. Her office hours are 8:30-4:30Monday-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

**Complaints**

If you are not satisfied with my services for any reason please do not hesitate to bring it to my attention. If we cannot work together to remedy the problem, a complaint may be reported to North Carolina Board of Licensed Professional Counselors, PO Box 77819, Greensboro, NC 27417, 844-622-3572 or 336-217-6007.

I look forward to working with you.

By signing this document, you acknowledge that you have read, understand, and agree to these conditions concerning counseling services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ 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.