

Triad Counseling and Clinical Services, LLC

PROFESSIONAL DISCLOSURE STATEMENT

Donna Hood 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. Donna will clarify information or answer concerns at any time throughout the duration of the counseling relationship and thereafter.

Donna holds a Master of Education in Agency Counseling with a concentration in Marriage and Family from the University of North Carolina at Greensboro, awarded in 1994. She holds a Bachelor of Science in Child Development and Family Relations and a Master's in Special Education with a concentration in Human Development from East Carolina University, awarded in 1975 and 1978. She is a Licensed Professional Counselor (LPC #2270) a National Certified Counselor (NCC # 43065) and a Certified Reality Therapist (CRT # 950227).

PROFESSIONAL COUNSELING SERVICES

Donna has provided professional counseling services in the Greensboro area for twenty-five years, to include hospital based cancer support and psychiatric assessments in Emergency Rooms/Departments, psychiatric inpatient, partial hospitalization, intensive outpatient and private practice. She has extensive experience teaching coping skills with individuals and groups. She has worked with a diverse group of clients, serving persons across the lifespan. She has expertise working with persons who have a history of co-occurring disorders, trauma, self-injurious behavior, suicidal thoughts, prior treatment failure and life adjustments/transitions. She works with Children, Adolescents, Adults and Couples from a developmental/holistic approach. Her therapeutic orientation is eclectic and adapted to the needs of each client, while primarily drawing on theories and interventions from Dialectical Behavior Therapy, Reality Therapy, Solution Focused Therapy and Play Therapy, with an emphasis on respect for each individual and their family system. Donna strives to create a safe, accepting, and comfortable environment to facilitate opportunities for growth in self-awareness and self-acceptance. Therapy sessions will prioritize working together to set goals which will be assessed and revised throughout the counseling process.

Counseling will include your active involvement as well as efforts to change your thoughts, feelings and behaviors. In addition to working in counseling sessions, you may be asked to consider a variety of homework assignments, which may be tailored to your preferred approach to learning. As with any powerful intervention there may be risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings such as sadness, guilt, fear, anxiety, anger, frustration and/or having difficulties in relationships. Some changes may lead to what appears to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage intact or prevent job loss.) It is impossible to guarantee any specific results regarding your counseling goals. Donna will work with you to achieve the best possible results for you.

If for any reason Ms. Hood does not believe that she has the experience or training necessary to work with your difficulty or situation, she will refer you to a mental health professional who is prepared to work with your concerns.

CONFIDENTIALITY

Ms. Hood respects your confidentiality. In accord with professional ethics, she may consult with peers about aspects of certain cases. Ms. Hood will not reveal your identity during colleague consultations without your written consent. Ms. Hood will only identify you as a client in the following situations: If you have given signed consent for her to discuss your case with another professional, family member or other specified individual; if you report to her an imminent intention to seriously harm yourself or someone else; or If you reveal to her ongoing physical or sexual abuse or neglect of children, the elderly, or disabled persons. In these latter situations, appropriate persons will be notified. In rare situations a judge may order a Professional Counselor to release information to the court. Also, when a client maintains an unpaid balance on their account with TCCS without having made special payment arrangements their account will be turned over to the Credit Bureau, resulting in their identification as a client. Otherwise Ms. Hood will not reveal the fact that you are a client or anything about your treatment history.

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In the interest of maintaining confidentiality, Ms. Hood does not participate in social media interactions with clients to avoid the risk of compromising client confidentiality, privacy, and potential negative impacts on the therapeutic relationship. Ms. Hood will abstain from texting clients. She will be available for brief phone consultations (up to 10 minutes) which are necessary to coordinate and support the counseling relationship. She will send and receive emails, on a limited basis, if preferred by the client. Please be aware that emails are not a completely secure/confidential means of communication. Emails received from or sent to the client become part of the medical record.

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. It is in your best interest that contact with Ms. Hood be limited to counseling sessions and telephone conversations necessary to your therapy. Ms. Hood requests that you refrain from giving her gifts and/or social invitations. Ms. Hood asks for your cooperation with establishing treatment boundaries which focus exclusively on meeting your therapeutic needs during therapy sessions.

THERAPIST CANCELLATIONS/VACATIONS/CLIENT EMERGENCIES

Ms. Hood will try to contact you as quickly as possible should she need to cancel an appointment. In case of inclement weather, please contact her office concerning operating hours. Ms. Hood will try to 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) 272-8090. You may reach Ms. Hood on a routine basis by calling the Greensboro Office at (336) 272-8090 and leaving her a voice mail on her extension (26). If you have a severe crisis and are unable to contact a therapist please call Moses Cone Behavioral Health at (336) 832-9700, High Point Behavioral Health at (336) 878-6098 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).

LENGTH OF SESSIONS/MISSED APPOINTMENTS/CANCELLATIONS

Sessions will be rendered in a professional manner consistent with accepted ethical standards. Sessions are a minimum of 38 minutes and can extend to 60 minutes in duration. They will be scheduled at mutually agreed upon times. If you must cancel your appointment, please do so promptly so that the appointment time may be given to someone else. There is no charge for sessions cancelled at least twenty-four (24) hours in advance. For a cancellation made within twenty-four hours of the appointment, you may be charged. **FOR A MISSED APPOINTMENT WHICH IS NOT CANCELLED, A FULL CHARGE IS MADE. INSURANCE COMPANIES DO NOT REIMBURSE FOR MISSED APPOINTMENTS. IF NO ONE IS AVAILABLE TO TAKE YOUR CALL, PLEASE LEAVE A MESSAGE AT (336) 882-2812. MESSAGES CAN BE RECEIVED 24 HOURS A DAY.**

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.

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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. Hood 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.**

OFFICE STAFF/ACCOUNT INQUIRES

Samantha Dabbs is the Office Manager and Tori George is the Receptionist for Triad Counseling and Clinical Services, LLC. The business office hours are 9:00 am to 4:00 pm, Monday through Thursday. Inquires about accounts and insurance may be directed to them in the Greensboro office.

SMOKING/USE OF MIND-ALTERING DRUGS OR ALCOHOL

No smoking is allowed in the building. Clients are requested to operate motor vehicles while able to do so in a safe manner and to abstain from coming into therapy sessions while impaired.

TERMINATION OF TREATMENT

It is the goal of most therapeutic relationships to work toward attainable goals which eventually lead to the termination of treatment. Patients may also choose to cycle in and out of treatment based upon their needs over time. Having attained a desired level of progress clients may request to change their follow up plans to an as needed basis. The goals of therapy will be continually assessed and at a time agreed upon in the therapy process, termination of treatment may be planned. Also, you may choose to terminate therapy at any time. Saying goodbye to the therapeutic relationship can be difficult though it is also an opportunity for growth and practicing your relationship coping skills with your professional counselor. If you decide to discontinue therapy without notice, Ms. Hood will call you to follow up within two weeks following our last therapy session or the last missed appointment. If you do not return my calls, your file will be closed, and Ms. Hood will send you a letter of support for the future.

COMPLAINTS

Ms. Hood hopes to establish a nurturing relationship with you. If you have concerns about your experience in counseling, Ms. Hood encourages you to communicate them to her in order that she may provide you with an opportunity to be heard and supported. If you feel that your concern has not been resolved after communicating with Ms. Hood you may also contact the North Carolina Board of Licensed Professional Counselors, P.O. Box 77819, Greensboro, NC 27417, phone (844) 622-3572.

To indicate that you have read and understand the information presented to you, please sign and date this form. A copy for your records will be returned to you and one will be kept by this office in your confidential records.

Client/Guardian

DATE

Donna R. Hood, M.Ed., LPC, NCC, CRT

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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