J. Scott Young, Ph.D., NCC, LPC
PROFESSIONAL DISCLOSURE STATEMENT
(Information and Consent)

I am pleased that you have selected me for your counselor. The following information is designed to inform you of my background and to ensure your understanding of the nature of the professional therapeutic relationship, your rights as a client and policies and procedures.

I hold a Doctor of Philosophy degree in Counselor Education and Supervision from the University of North Carolina at Greensboro, my degree having been awarded in 1996. I have been a professional counselor since 1990 and am a Licensed Professional Counselor in the State of North Carolina (#2123) as well as a National Certified Counselor (#35904).

Professional Services
My services include individual, couples, family and group counseling with adults and adolescents. My training in individual, couples, and family counseling is in the areas of anxiety and depressive disorders, co-dependency, chemical dependency, relationship issues, victimization/trauma issues (physical and sexual abuse) and developmental transitions. My therapeutic approach reflects eclectic influences derived from my training in the psychodynamic, family systems, cognitive-behavioral, and Gestalt theories of counseling. I view problems as generally being developmental in nature and approach each person, couple, family or group situation in a unique fashion. If for any reason I do not believe I have the experience or training necessary to work with your particular difficulty or situation, I will refer you to another mental health professional that is prepared to work more effectively with you presenting concerns.

Confidentiality
I respect your confidentiality. In accordance with the professional ethics, I may, at times, consult with peers about the aspects of certain cases. I will not reveal your identity in colleague consultations without your written consent.

I will only identify a client in the following situations: a) if you have signed a consent for me to discuss your case with another professional or family member, etc.; b) if you report to me an imminent intention to seriously harm yourself or someone else; or c) if you reveal to me 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 circumstances, Professional Counselors can be ordered by a Judge to release information.

In situations where a client maintains an unpaid balance on their account without having made arrangements, their account will be turned over to the Credit Bureau, resulting in identification as a client. Otherwise, I will not reveal the fact that you are a client or anything about your treatment, diagnosis, or history.

In the interest of maintaining confidentiality, I do **not** participate in social media of any kind 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.

Explanation of Dual Relationships
Although sessions are psychologically intimate, the therapeutic relationship is professional, not social. It is critical 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. It is not appropriate to extend social invitations of gifts to me or ask me 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 towards you concerns.

Length of Sessions/Missed Appointments and Cancellations
Services will be provided in a professional manner consistent with accepted ethical standards. Sessions are fifty (50) minutes in duration and 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 cancellations 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 THAT IS NOT CANCELED, A FULL CHARGE IS MADE. In no one is available to take your call, please leave a message at 336-334-3464 (office).

When I am out of town or otherwise unavailable, you may leave a message for me to return you call at my office. If you have a severe crisis and are unable to contact me, please call The Guilford Center Behavioral Health and Disability Services at 800-853-5163 (during business hours) 336-641-4993 (after hours) or the Emergency number (911).

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 Mr. Young aware of this, and he 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.**

Use of Mind-altering Drugs or Alcohol
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 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 experience please inform me immediately. If you think that you have been treated unfairly or unethically, by me or any counselor, and you have not been able to resolve the problem, you can contact the North Carolina Board of Licensed Professional Counselors, P. O. Box 1369, Garner, NC 27529, Phone; 919-661-0820, Fax: 919-779-5642, (www.ncblpc.org) for clarification of client rights or to lodge a complaint.

If you have any questions, please discuss them with me. To indicate that you have read and understood the information presented to you, please sign and date both copies of this form. A copy for your records will be returned to you, and one will be kept in your records.

_____ _____
Client's Signature Date

_____ _____
Counselor's 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.