

Triad Counseling and Clinical Services, LLC  
**PROFESSIONAL DISCLOSURE STATEMENT**  
Traci Pulliam Collins, MS, LPC, NCC

I appreciate your consideration in creating a therapeutic relationship. Please read through the following document in an effort to achieve mutual understanding and expectations about the provided counseling services. I will clarify information or answer concerns at any time throughout the duration of the counseling relationship, and thereafter.

**Qualifications, Experience, and Interests**

In 2011, I received a master's degree in clinical mental health counseling from the University North Carolina at Greensboro. I am licensed as a Licensed Professional Counselor [LPC #11629] approved by the North Carolina Board of Licensed Professional Counselors (NCBLPC). I am certified as a National Certified Counselor [NCC #283517] by the National Board for Certified Counselors (NBCC).

My five years of counseling experience includes providing individual, group, couples and family counseling services for adolescents and adults. My counseling interest and practice includes helping individuals and couples with the following concerns: relationship difficulties, women's issues, developmental transitions and adjustments, depression, anxiety, trauma, codependency, spirituality, career decisions, communication and assertiveness, and self-esteem. If I do not have the experience or training necessary, I will refer you to another to mental health professional that can more effectively help you.

**Counseling Services**

I strive to create a safe, accepting, and comfortable environment, which will allow you, the client, to grow in self-awareness and self-acceptance. Initially, we will work together to set goals, which we will continue to assess throughout the counseling process. My general counseling approach is eclectic; however, I most frequently utilize theoretical approaches such as cognitive-behavioral therapy (CBT), reality therapy, dialectal behavior therapy (DBT), and emotionally focused therapy (EFT). I have also been trained to use Eye Movement Desensitization and Reprocessing (EMDR) therapy, which is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma.

As a counselor, I cannot prescribe medication. In the event that a referral is necessary, a medical doctor or nurse practitioner will evaluate your situation appropriately and make their suggestions for treatment. As part of best practices, a diagnosis (i.e., a description of a pattern of behaviors) is often part of treatment planning. Keep in mind that a diagnosis does become part of your permanent record.

**Session Description/Missed Appointment or Cancellations**

Sessions are scheduled to be 45-50 minutes. If you arrive more than 15 minutes late or need to leave early, you will be asked to reschedule your appointment and pay a late fee. It is important to note that late fee or cancellation charge is your financial responsibility, not your insurances. Please give a 24-hour notice for the cancellation of an appointment. If I do not receive notice of cancellation at least 24-hours before the scheduled appointment or you miss an appointment, you will be responsible for the full price of the missed session. If no one is available to take your call, you may leave a message 24 hours a day at 336-272-8090. A recurring problem with cancelations or missed appointments may result in termination of services. In addition, please do not appear for a session under the influence of alcohol or any mind-altering drug. If this occurs, the session will be cancelled, and you will be charged for the missed session. Ultimately, termination of the counseling relationship may occur.

**Therapist Vacations/ Cancellations/ Client Emergencies**

Inclement weather or emergencies may require rescheduling. In the event that I need to cancel an appointment, I will contact you as quickly as possible. I will inform you of scheduled vacations at least 1 week in advance. During this time or when I am otherwise unavailable, you may leave a message for me at the office (336-272-8090). If you have an emergency or severe crisis and you are unable to reach me, please call Moses Cone

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Behavioral Health (1-800-525-9375), High Point Behavioral Health (1-800-525-9375), or 911 for emergency services.

### **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. Collins 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.**

### **Explanation of Dual Relationships**

Our sessions may be very intimate psychologically. Keep in mind that we have a professional relationship rather than a social relationship. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way than the professional context of our sessions. It is in your best interest for our relationship to stay strictly professional.

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.

### **Confidentiality**

As a counselor, I abide by the standards of confidentiality set forth by the NCBLPC and the American Counseling Association (ACA) code of ethics, and upheld by the state law. Therefore, the information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and anytime thereafter will be held confidential. However, there are several situations in which I cannot legally or ethically hold the information confidential, such as: (1) if you disclose directly or it is reasonably suspected that you will pose imminent danger to the safety of yourself or others; (2) if you disclose that a child or elder adult has been or will be abused or neglected; (3) if a court order requires the release of case records or direct testimony;

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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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