

LPCA Professional Disclosure Statement

Connie T. Jones, Ph.D., MSW, LPCA, LCAS, NCC, ACS

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

My Qualifications

I, Connie T. Jones, hold a Doctorate (PhD) in Counselor Education and Supervision from Virginia Tech (granted in 2015), Masters in Social Work (MSW) from Virginia Commonwealth University (VCU) (granted in 2009), and am a Licensed Professional Counselor Associate (LPCA # A14415) in North Carolina, National Certified Counselor (NCC #759360) since 2016, a Licensed Clinical Addiction Specialist (LCAS-23302) in North Carolina since 2017, and an Approved Clinical Supervisor (ACS #2455) since 2016.

Restricted Licensure

I am pursuing licensure as a Licensed Professional Counselor in North Carolina. As a Licensed Professional Counselor Associate (LPCA) in North Carolina, I am under supervision. I will be under supervision of a licensed mental health professional, Dr. Keith Mobley, Licensed Professional Counselor-Supervisor in the state of North Carolina. Dr. Keith Mobley can be contacted at (336) 430-1518.

Counseling Background

I work in a university as a counselor educator and supervisor and have over six years of experience working in clinical mental health. I have experience working with individuals presenting with substance use disorders, offender/reentry issues, long-term mental illness, co-occurring disorders, adolescents and the aging populations issues, and general issues that affect one's every day well-being. I also have experience working with conflict resolution, adjustment difficulties, anxiety, and multicultural/diversity issues. I have worked with the Virginia State Hospitals and was a certified prescriber in the state of Virginia. I have limited experience working with eating disorders, intellectual disabilities, and providing sex offender treatment. I have completed course work and internships in clinical supervision, and have provided individual and group supervision continuously over the past years. I have received clinical supervision consistently for years and will continue receiving clinical supervision as I pursue my LPC. My theoretical orientation for counseling and supervision is an integration of client-centered, cognitive-behavioral, humanistic, strength-based perspective, and psychodynamic theories and approaches. I often utilize homework; a connection between thoughts, emotion, and behavior; aid you in linking behavior and thought; and work in partnership with you to create a safe space where you can bring your whole self. As your counselor, I will adapt my style and theoretical orientation to fit your needs. If I do not believe I have the necessary experience or training to work with your particular situation, I will

promptly refer you to another mental health professional that will work more effectively with your concerns or difficulties.

Session Fees and Length of Service

Sessions are scheduled to be anywhere between 45-60 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 a late fee or cancellation charge is your financial responsibility, not your insurance company's responsibility. Please give a 24-hour notice for the cancellation of an appointment. If no one is available to take your call, you may leave a message 24 hours a day at 336-272-8090. There is no charge for sessions cancelled at least 24 hours in advance. You may be charged for a cancellation within 24 hours of the appointment. **FOR A MISSED APPOINTMENT THAT IS NOT CANCELLED, A FULL CHARGE IS MADE. Insurance companies do not reimburse missed appointments.** A recurring problem with cancellations 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 substance/drug. If this occurs, the session will be cancelled, and you will be charged for the missed session. Ultimately, termination of the counseling relationship occur.

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 in 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 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 signed by you in order to authorize the release of confidential information. If you wish to be informed of the diagnostic before it is submitted to your health insurance company, please make Dr. Jones aware of this, and he will discuss 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 the client. Some managed care companies require additional information. Thus, you may not have the extent of the 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.**

Therapists Vacations, Cancellations, and Client Emergencies

In the event that I may need to cancel an appointment, I will try to contact you as quickly as possible. Inclement weather, illness, or emergencies may require rescheduling. I will make every attempt to contact you at home, work, or on your cell phone with the numbers you provide to arrange another appointment. I will inform you of scheduled vacations at least one 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 are having an emergency or severe crisis and are unable to reach me, please call Moses Cone Behavioral Health (800) 525-9375 or High Point Behavioral Health (800) 535-9375. Also, you may call 911 for emergency services.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records. Fully informing you of a diagnosis may pose a risk to your self-image, however, the veracity of this counselor to fully inform you about such diagnosis promotes beneficence, nonmaleficence, and autonomy, which promotes long term benefits for you the client and this counselor’s relationship.

Termination

It is my hope that the counseling sessions will lead you to a more desirable place and that you will experience improvement or progress regarding your reasons for seeking counseling services. Every situation is unique and it is impossible to determine the exact course and length of the counseling sessions. However, throughout the counseling process, the goals for therapy will be reassessed. At the appropriate time, termination will be discussed.

It is important to know that you may choose to terminate services at any time. If you decide to discontinue therapy abruptly and without notice, I will call you no more than two times to follow up with you within two weeks following our last session. If you do not return my calls, your file will be closed and it will be noted that you terminated therapy with me without notice or consultation.

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. Therefore, the information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and any time thereafter will be held confidential. All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is

determined you are a danger or harm to yourself or others (including child or dependent adult abuse), or (c) I am ordered by a court to disclose information or you sign a release of information, or (d) if you are a minor, I am legally required to share information with your parents or legal guardian if needed. In a counseling setting with multiple clients, such as group, family, or couples counseling, please note that I can only guarantee my own assurance to uphold confidentiality. In addition, if we encounter one another outside of the counseling sessions, I will not approach you first in order to protect your confidentiality. Please be aware that, at times, I may participate in supervision/consultation with other licensed professionals. This provides feedback about treatment strategies with the intention of being the most effective counselor. Also, I am under clinical supervision, and will discuss all counseling cases with my supervisor. In some instances, my supervisor will review recordings as part of the process of earning an independent license I will not reveal your identity without your express written consent.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Therefore, our contact will be limited to the sessions you arrange with me. Please do not invite me to social or family gatherings, offer me gifts, or ask me to relate to you in any other way than the professional context of our counseling 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 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.

Complaints

Although clients are encouraged to discuss any concerns with me and my supervisor first, you may ultimately file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblpc.org

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client's Name (Print)

Date

Client Signature (Parent/Guardian)

Date

Connie Jones, PhD, MSW, LPCA, LCAS, NCC, ACS

Date