

Triad Counseling & Clinical Services, LLC  
**Professional Disclosure Statement Isaiah Carl Otis Collins**

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 be happy to clarify information or answer concerns at anytime throughout the duration of the counseling relationship, and thereafter.

**Professional Qualifications, Experience, and Interests:** I completed a master's degree in clinical mental health counseling from North Carolina Agricultural & Technical State University received December 2016. I have four years of counseling experience and completed additional training focused on couples and family. I am a Licensed Professional Counselor (LPC) in North Carolina. My North Carolina LPC license number is 12845.

My special interests include couples counseling, marriage counseling, family counseling, relationships, anxiety, depression, spirituality, men's issues, self-esteem difficulties, co-dependency, and trauma. 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 concerns or difficulties.

**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. I frequently utilize theoretical approaches such as Cognitive-Behavioral Therapy (CBT) and Emotionally-Focused Therapy (EFT). The benefits with change are growth, willingness to try new things, and accomplishing set goals. 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.

**Length of Sessions/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 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 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.

**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.

Initials: \_\_\_\_\_

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; (4) if you request that your records be released and sign a release of information form; or (5) if you are a minor, your confidentiality is constrained by the request of your parent and/or legal guardian. 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. 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, 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.

**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 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.

**Payment and Fees** Payment is due at the time of services. The fee for an intake session is \$150.00. The fee for a standard 38-52 minute session is \$125.00 and sessions lasting over 53 minutes are \$135.00. I accept cash, check, and credit card payments. Some health insurance companies will reimburse clients for counseling services and some will not. If you have insurance and wish to file, please understand that this requires a diagnostic statement to be placed in your permanent insurance records. 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. Please understand that you are responsible for the fees, should your insurance company not pay for all or part of the claim.

Initials: \_\_\_\_\_

I understand that there are times when you need to call me between sessions. If your phone call is more than 15 minutes or a combination of calls is more than 15 minutes, you will be charged on a prorated basis relative to the hourly fee originally agreed upon. If I am summoned to court on your behalf or anyone in relation to you, my hourly fee for this type of service is \$300.00 per hour, plus any related expenses. This includes, but is not limited to, time spent in transcribing records, time in court, travel, meals, and any wait time preceding the actual court appearance.

Termination: It is my hope that the counseling sessions will lead you to a more desirable place and that you will experience improvement 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.

Complaints Although clients are encouraged to discuss any concerns with me, you may 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, PO Box 77819, Greensboro, NC 27417  
Phone: (336) 217-6007 or (844) 622-3572, Fax: (336) 217-9450, Email: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org).

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

\_\_\_\_\_  
Client's Name (Print)

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Client's Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Isaiah Collins

\_\_\_\_\_  
Date

Initials: \_\_\_\_\_