

## Professional Disclosure Statement (Information and Consent)

Dr. Katherine Glenn is pleased that 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.

Dr. Katherine Glenn holds a Ph.D. in Counseling and Human Development from the University of North Carolina at Greensboro, her degree being awarded in 1999. She has been a professional counselor since 1992. She holds the following professional credentials: Licensed Professional Counselor Supervisor (LPCS#704); Licensed Clinical Addictions Specialist (LCAS #650); National Certified Counselor and Masters Addiction Counselor (NCC and MAC #27971). She is recognized as a Diplomate and Clinical Mental Health Specialist in Trauma Counseling and as Diplomate and Clinical Mental Health Specialist in Substance Abuse and Co-occurring Disorders Counseling, by the American Mental Health Counselors Association. In addition, She holds a Certificate in Complex Trauma and Dissociation from the International Society for the Study of Trauma and Dissociation.

### **PROFESSIONAL COUNSELING SERVICES**

Dr. Katherine Glenn's services include individual counseling for adults and adolescents. She has training in substance and process (behavioral) addictions, co-dependency, grief and loss, trauma-related disorders, developmental transitions, and issues related to sexual orientation. Her therapeutic approach reflects eclectic influences derived from her training in the existential, psychodynamic, family systems, social learning, and cognitive-behavioral theories of counseling. Dr. Glenn views problems as generally being developmental in nature, and approaches each person individually. If for any reason Dr. Glenn does not believe that she has the experience or training necessary to work with your particular difficulty or situation, she will refer you to another mental health professional who is prepared to work more effectively with your presenting concerns.

### **CONFIDENTIALITY**

Dr. Glenn respects your confidentiality. In accord with professional ethics, she may at times consult with peers about aspects of certain cases. She will not reveal your identity in colleague consultations without your written consent. Otherwise Dr. Glenn 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 or family member, etc.; if you report to her an imminent intent to seriously harm yourself or someone else; or if you reveal to her 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 special arrangements, the account will be turned over to a collection agency and/or to the Credit Bureau, resulting in identification as a client. Otherwise Dr. Glenn 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 or use email as they are not a completely secure or confidential means of communication. You should know that any emails I receive from you and any response I sent 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 that the professional relationship be based on respect, safety, and trust. Therefore, it is in your best interests that contact with Dr. Glenn be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate for her to relate to you in any way that is outside of the professional context of your therapy. These limits are designed with your welfare in mind and allow for all efforts to be directed towards your concerns.

## **THERAPIST CANCELLATIONS**

Dr. Glenn will try to contact you as quickly as possible should she need to cancel an appointment. Inclement weather or emergencies may necessitate rescheduling, and every attempt will be made to reach you to arrange another appointment.

## **LENGTH OF SESSIONS/MISSED APPOINTMENTS/CANCELLATIONS**

Services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are a minimum of 38 minutes and can extend as much as 60 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 sessions canceled 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 CANCELED, A FULL CHARGE IS MADE. Insurance companies do not reimburse missed appointments. If no one is available to take your call, please leave a message at 336-272-8090 on our 24 hour voice mail.**

## **THERAPIST VACATIONS/CLIENT EMERGENCIES**

Dr. Glenn will try to inform you of her vacations at least one week in advance. When she is out of town or otherwise unavailable, Ms. Young, or Ms. Elliott will help with client emergencies. Call the office, 336-272-8090, to reach one of these therapists. If you have a severe crisis and are unable to contact a therapist, please call High Point Behavioral Health (1-800-525-9375), Moses Cone Behavioral Health at (1-800-525-9375), or the Guilford County Emergency number (911). You may also present to your nearest hospital emergency department.

## **FEES AND INSURANCE FILING**

The fee for an initial diagnostic interview is **\$170.00**. Standard fee for each subsequent session is **\$140.00** per 38-52 minute session and **\$155.00** 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 Dr. Glenn 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.**

**OVERDUE ACCOUNTS**

All accounts become overdue after thirty (30) days if no payment or arrangements have been made. Dr. Glenn will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with Dr. Glenn because *past due accounts may be turned over to a collection agency and/or Credit Bureau for processing if no special arrangements are made.*

**OFFICE STAFF**

Samantha Dabbs is the Office Manager for Triad Counseling and Clinical Services, LLC. Her office hours are 9:00am-4:30pm Monday through Thursday. Tori George is the Office Receptionist for Triad Counseling and Clinical Services, LLC. Her office hours are 8:30-4:30 Monday through Thursday. Inquiries about accounts and insurance should be directed to either member of the staff, should you have a concern.

**SMOKING/USE OF MIND ALTERING DRUGS OR ALCOHOL**

No smoking is allowed in the building. Do not appear for a session under the influence of any mind- altering drug, including alcohol. Should this situation occur, the therapy session will not take place and you will be charged in full for the session. Such an occurrence may be considered grounds for the termination of therapy.

**COMPLAINT PROCEDURES**

If you are dissatisfied with any aspect of your counseling with Dr. Glenn, please inform her immediately. If you think that you have been treated unethically, by Dr. Glenn or any other counselor, and you have been unable to resolve the problem with Dr. Glenn, you can contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 77819, Greensboro, NC 27417 or (844-622-3572), or the North Carolina Substance Abuse Professional Practice Board, P. O. Box 10126, Raleigh, NC 27605, (919) 832-0975 for clarification of client rights or to lodge a complaint.

If you have any questions, please discuss them with Dr. Glenn. To indicate that you have read and understand the information presented to you, please sign and date this form. A copy for your record will be returned to you, and one will be kept by this office in your confidential records.

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Katherine H. Glenn, Ph.D., LPCS, LCAS

\_\_\_\_\_  
Clients Signature (or Parent/Guardian, if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I have received a copy of Patient Right & Responsibilities which is located on the back of this statement.

## **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.