

Jamie E. Crockett, PhD, LPCA, NCC
Triad Counseling and Clinical Services, LLC
5587 D Garden Village Way | Greensboro, 27410
Office: 336-272-8090 | Fax: 336-272-0094

Professional Disclosure Statement

“Your vision will become clear only when you look into your heart. Who looks outside, dreams. Who looks inside awakens.”
- Carl Gustav Jung

Thank you for the opportunity to work with you and build a therapeutic relationship of mutual respect, trust and authenticity. The intention of this professional disclosure statement is to inform you about my background, the therapeutic relationship and your rights and responsibilities as a client. If you have further questions today or in the future please feel free to discuss any questions or concerns with me as they arise. As I am a working under supervision, our counseling sessions will be monitored by my supervisor, Katherine H. Glenn, Ph.D., LPC-S, NCC, MAC. Please see the sections below on confidentiality and the document regarding consent to video- and audio-tape. In the event that I am incapacitated in some way Dr. Katherine H. Glenn will act as the custodian of my client’s records and will take necessary steps to maximize continuity of care for my clients.

As a client with Triad Counseling and Clinical Services, LLC, you have the right to professional counseling services consistent with the standards of the American Counseling Association (ACA). You have the right to be informed of the professional training and credentials of your counselor (see below). You have the right to individual privacy, dignity, and compassion. You will not be discriminated against on the basis of ethnicity, religion, gender, nationality, age, sexual orientation, or handicap. (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>)

My Qualifications:

I completed my Master’s degree in Clinical Mental Health Counseling in May 2011 and I completed my doctoral degree in Counseling and Counselor Education at the University of North Carolina at Greensboro (UNCG) May 2014. I am a National Certified Counselor (NCC#283515), and am a North Carolina Licensed Professional Counselor Associate (LPCA#A9026), and am pursuing Licensure as a Professional Counselor (LPC) in North Carolina (NC). I have been a full-time faculty member in the Department of Counseling at Wake Forest University since July 2014.

I am qualified to counsel individual adolescents and adults, couples, families, and groups under the supervision of an appropriately credentialed supervisor such as a Licensed Professional Counselor Supervisor (LPCS). I have been counseling clients since January 2010. Also, I completed training as a Therapeutic Breathwork Practitioner at the Power of Breath Institute in December 2007. I am certified by the Power of Breath Institute and International Breathwork Training Alliance as a Therapeutic Breathwork Practitioner. I have completed 200 hour Hatha Yoga teacher training from Free Spirits Yoga and am in the process of seeking credentials as a Registered Yoga Teacher 200 from the credentialing organization Yoga Alliance.

Counseling Philosophy and Approach:

“Authentic change occurs more from being who we are than from trying to be who we are not.”
- Gerald Corey paraphrasing Arnie Beisser

As a client in the counseling process, you are the expert on yourself and thus you play the lead role in working to reconcile your concerns. Some clients need a few counseling sessions to work on their presenting concerns and achieve their goals, while others may require months or years of a counseling relationship. The frequency and number of sessions will be discussed in our first meeting, and evaluated ongoing as needed, to best serve your unique needs.

My theoretical foundation is Developmental Counseling and Therapy. I also draw on conceptualization and interventions from a variety of other theories and treatments. As such, some of my goals as a counselor are to foster the therapeutic relationship, understand your cognitive style, focus on the here-and-now, learn about your unique perspective, and create a safe space for you to be fully yourself. Some of our overarching therapeutic goals may include increasing self-awareness, developing healthy coping skills, developing sensory awareness, and investigating emotions, thoughts and beliefs. I view counseling as a vehicle for promoting holistic health including but not limited to cognitive, emotional, social, spiritual, and physical aspects of wellness.

Depending on your needs I may introduce a range of techniques including: mind-body awareness exercises, breath exercises, mindfulness exercises, affirmations, relaxation techniques, biofeedback, creative visualization, role-playing exercises, self-reflective activities, shame-attacking exercises, behavior diary, thought record and more. We will work together to determine what is most helpful for you including what out-of-session activities, “homework”, may be most beneficial.

There are important challenges to be aware of in counseling. It is important for you to know that sometimes participation in counseling involves the exacerbation of symptoms, however, over time, the goal is that you should see improvement. Simply put, people often feel worse before they feel better. You may discover that you have difficult thoughts or feelings about people or situations that you had previously been unaware of. You may be experiencing something, or have had experiences in the past, that must be reconciled, and sometimes that process can be uncomfortable and tiring.

This discomfort is partially responsible for “resistance” that many clients experience at various stages of counseling. Resistance is usually a healthy, normal response to potential change, often signaling an opportunity for growth and healing. For instance, resistance may show up as thoughts like “I am too busy” “I can’t change anything” or “This is just the way I am”. In choosing to move through resistance to your next level of awareness, you choose to expand your opportunities for healing and growth. Still, it is important to note that though we will attempt to work toward positive outcomes, there is no guarantee of positive outcomes in the counseling process.

Therapeutic Relationship

Throughout the counseling process we will work together to evaluate our progress, discuss your experience of the process, and to work toward goals and desired counseling outcomes. Though the therapeutic relationship is an intimate one, our relationship is entirely professional. You will be best served in counseling by a strictly professional therapeutic relationship, and with sessions that focus exclusively on your goals and concerns. I do not engage with clients socially nor 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 not to use email. Email 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. I request that you limit contact to the methods outlined in the availability section below.

As further protection of you and the therapeutic relationship, it is not appropriate to extend social invitations or gifts to me or ask me to relate to you in any other way outside the professional context of our therapy. These limits are designed with your welfare in mind and allow for all efforts to be directed toward your therapeutic concerns only. In addition, because we may live in the same community, if I see you in a public setting, my intention is that I will not acknowledge you unless you first acknowledge me. I think it is best that any public discussion be kept to short polite interactions. Please do not take offense and know that this policy is an extension of my respect for you and my desire to protect your confidentiality and preserve the integrity of our therapeutic relationship.

My Availability

I am available at Triad Counseling and Clinical Services, LLC, during limited weekday hours and am unavailable nights, weekends, and during some holidays or breaks. I can be contacted exclusively through Triad Counseling and Clinical Services, LLC. For non-crisis communications you may leave messages for me at (336) 272-8090, and they will ensure I receive your message. I will respond to your message in a timely manner, typically within 3 business days. If you experience crisis or a mental health emergency, please immediately call 911 and/or go to a nearby hospital emergency room. Local options include the Guilford Center for Behavioral Health and Disability Services at 800-853-5163 (during business hours) or 336-641-4993 (after hours), High Point Behavioral Health (1-800-525-9375), Moses Cone Behavioral Health (1-800-525-9375) or the Guilford County Emergency number (911). If you are outside of Guilford County, please call the emergency number for the county where you are.

Schedule, 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. Crockett 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.**

If you must cancel your appointment, please do so promptly so that your appointment time may be given to someone else. There is no charge for cancellations made more than twenty-four (24) hours in advance. For a cancellation made within 24 hours of the appointment, or if the appointment is missed with no notice of cancellation, you will be charged for the appointment. Insurance companies do not reimburse for missed appointments. If no one is available at 336-272-8090 to take your call please leave a message on our 24 hours voice mail. A recurring problem with late notice cancellations, “no shows”, and/or nonpayment for services may result in termination of services.

I understand that there may be a rare time where you need to call me between sessions. If your 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. Insurance companies do not reimburse for calls.

If I need to cancel I will make every effort to inform you of the necessity to cancel an appointment as quickly as possible. Inclement weather, illness or other emergency may necessitate rescheduling and every effort will be made to reschedule within one week. I will inform you at least 1 week in advance of scheduled vacations. When I am out of town or otherwise unavailable, you may leave a message at 336-272-8090 (office).

Overdue Accounts - All accounts become overdue after thirty (30) days if no payment or arrangements have been made. I will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with me because past due accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

Use of Mind-altering Drugs or Alcohol - No smoking is allowed in the building. Please 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 in full for the session. Such an occurrence may be considered grounds for termination of therapy.

Primary Office Staff

Samantha Dabbs is the Office Manager for Triad Counseling and Clinical Services, LLC. Her office hours are typically 9:00am-4:30pm Monday-Thursday. Tori George is the Office receptionist. Her office hours are 8:30am-3:30pm Monday-Thursday. Inquiries about accounts and insurance should be directed to either member of the staff, should you have a concern.

About Confidentiality and Records:

All counseling services at Triad Counseling and Clinical Services, LLC, are provided in compliance with NC confidentiality laws, the NC Board of Licensed Professional Counselors and the ethical standards of the National Board of Certified Counselors, and the American Counseling Association. Everything discussed in counseling sessions is voluntary and confidential. Our communications become part of your clinical record, which may be accessible to you upon request. At Triad Counseling and Clinical Services we use a combination of physical and electronic clinical records. All physical records are stored in a secure on-site location. All electronic records are stored in a secure on-line platform. These records include but are not limited to contact record, case notes, diagnosis, and copies of all new client forms.

The information you share is considered to be confidential and will not be shared with anyone outside Triad Counseling and Clinical Services, LLC, without your written consent, with the following exceptions:

- Evidence of possible abuse or neglect of a minor or dependent adult,
- Evidence of possible danger to the client or identified others,
- Evidence of possible danger of contagion of life-threatening diseases,
- A court order for disclosure,
- Involvement of a DSS worker or guardian ad litem, and
- A request for information from the parent of a minor.

Please note that in sessions with multiple clients (e.g., couples, families, groups) confidentiality cannot be guaranteed. Also, in situations where a client maintains an unpaid balance on their account without having made special arrangements, the account will be turned over to the Credit Bureau, resulting in identification as a client.

About Diagnosis:

If a diagnosis is therapeutically necessary, I will talk with you about your concerns and make a diagnosis to help aid in treatment. A diagnosis is required for third party reimbursement. Some conditions for which people seek counseling do not qualify for third party reimbursement. If a qualifying diagnosis is appropriate in your case, I will submit the diagnosis to the health insurance company. Diagnosis has limits and is only a description of behavior. Further, psychiatric diagnoses may differ between clinicians and clinical settings. Any diagnosis made will become part of a client's permanent medical records. Diagnoses are not evidence of a brain defect, genetic defect, or chemical imbalance (unless a true brain disease process exists, e.g., Alzheimer's, tumor, stroke, etc.). It is important to emphasize that I am not a medical doctor and do not prescribe medication. If warranted, a referral to a physician or a nurse practitioner will be made upon request and consultation. Please talk with me about any questions or concerns you have about your diagnosis.

Referrals and Complaints:

While it is not possible to guarantee any specific results regarding your counseling outcome and goals, we will work together to try to reach your goals and achieve a positive result. If we determine that progress is not forthcoming or if different or supplemental services are in your best interest, we will discuss referral to another counselor or service. If you are dissatisfied or concerned with any aspect of the counseling process, please inform me so that we can address your concerns. You may also contact my supervisor, Dr. Katherine H. Glenn at Triad Counseling and Clinical Services, LLC, 336-272-8090. If your concerns remain unresolved you may contact the 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 or E-mail: Complaints@ncblpc.org

Consent for Services:

I, _____, give permission for counseling services by Jamie Crockett at Triad Counseling and Clinical Services, LLC. I understand that the individual providing services is an LPCA under the supervision of appropriately credentialed counselors. I understand that any conference, evaluation, or relevant information concerning my counseling services may be observed by and/or discussed with the appropriate supervisor(s).

Client Signature

Date

Jamie E. Crockett, PhD, LPCA, NCC

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.