

# Professional Counseling Disclosure Statement and Informed Consent to Treatment

# Kervins Clement, LCMHCA, LCASA, NCC, CRT-IT, CFLE, M.Ed, Ed.S

Lewisville Family Counseling, PLLC PO Box 267 6614 Shallowford Rd, Ste 250 Lewisville, NC 27023 Email: Kervins@lewisvillefamilycounseling.com Phone: 336-945-0137, Ext. 28 Fax: 336-946-9084

#### **My Qualifications**

I am currently in my doctoral program in Counseling and Counselor Education at the University of North Carolina at Greensboro. I obtained my Master of Education (M. Ed.) and Education Specialist (Ed. S.) in Marriage, Couple and Family Counseling in May 2019. My previous degree included a Bachelor of Science in Family, Youth and Community Sciences. Also, I have completed a certification in Family Life Education. I am currently pursuing my licensure as a Licensed Marriage and Family Therapist Associate (LMFTA).

## **Restricted Licensure**

Effective April 16, 2020, I am a Licensed Clinical Mental Health Counselors Associate (License # A15687). Effective April 28, 2020, I am a registered Licensed Clinical Addictions Specialist Associate (License # 26212). Both licenses are registered in the state of North Carolina. I am under the supervision of Jennifer B. Locklear, MS/Eds, NCC, LCMHC, LCMHCS, ACS, ICAADC, LCAS, CCS, ICCS, CCH, BC-TMHP, MAC, RYT-200. Her contact information is as follows:

6614 Shallowford Road, Suite 250 | PO Box 267 | Lewisville, NC 27023 Phone: 336.945.0137 | Fax: 336-946-9084 | Jennifer@lewisvillefamilycounseling.com.

#### **Counseling Background**

My first step in counseling is building a meaningful relationship with my client, which will help me learn more about them. Through this relationship, I believe healing and growth will occur. My goal is to walk along side of my client and help them discover and a heathier and happier version of themselves. This journey is going to take a level of willingness and openness on behalf of the client and the counselor to develop a collaborative and therapeutic relationship. The way I plan on creating this relationship is by creating a safe, secure, steady, supportive, and strategic environment.

My theoretical framework is constructed within Family Systems, Motivational Interviewing and Cognitive Behavioral Therapy approaches. I have worked with individuals, couples and facilitated groups. My clinical experience includes adolescents who have an at-promise (risk) background and individuals struggling with addictions. Due to my proficiency in Creole, I also offer bilingual counseling services. My goal is to provide a therapeutic experience to all races, ethnicities, religions, genders and sexual orientations.

# **Couples Counseling**

My approach to couples counseling is aligning myself to the relationship as a whole and not the individuals within the dynamic. Therefore, I adhere to a strict "No Secrets" rule where I do not hold secrets for either partner (i.e. infidelity, affairs, etc.). The reason for this rule is to avoid conflict of interest where an individual's interests may not be consistent with the interests of the unit being treated.

I may hold individual sessions with everyone within the couple relationship. The goal of these sessions is to gain a deeper understanding of the dynamics in the relationship, but this is still considered to be a part of the couple's counseling relationship. If an individual chooses to share such information with me, I will offer that individual the opportunity to share this information with their partner with the appropriate guidance. However, if the individual refuses to disclose that relevant information, I may determine that couples counseling is no longer appropriate. This policy is intended to maintain the integrity and health of the couple's relationship.

#### The Process of Assessment and Counseling

Participation in counseling can result in several benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek help. As a collaborative process, counseling requires your very active efforts, honesty, and openness in order to achieve desired changes. I will periodically ask for your feedback on counseling and will expect you to respond openly and honestly.

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During assessment or counseling, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to counseling in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Therapy may also result in decisions about making very different kinds of changes. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be easy and swift; other times it will be slow and even frustrating. There is no guarantee that therapy will yield the intended results.

Sometimes more than one approach can be helpful in dealing with a certain situation. You are entitled by law to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. During therapy, I am likely to draw on various therapeutic approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. Within a reasonable period after the initiation of treatment, I will be able to offer you some initial impressions of what our work will include. You should also make your own assessment about whether you feel comfortable working with me. If you have any questions about the process of therapy, please let me know. I will always seek to answer your questions fully.

#### Litigation Limitation

Please note that I do not offer services related to court hearings or custody evaluations. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a sensitive and confidential nature, it is agreed that should you be involved in legal proceedings, neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or any other proceeding, nor will a disclosure of the therapy record be requested. Court proceedings, by their nature, usually involve a breach of trust in the therapeutic relationship, which may not be repairable. If you choose to break this agreement, I will, at my discretion, choose to terminate the counseling relationship due to this damage to the therapeutic relationship.

#### **Professional Boundaries**

Due to the special nature of the counseling relationship, it is important to discuss professional boundaries and limitations of the counseling relationship to help ensure the best therapeutic outcome possible. In order to protect your confidentiality, I will not address you outside of therapy sessions in the event we encounter one another in a social context. However, it is permissible for you to initiate a brief, social interaction with me if you feel comfortable doing so.

These boundaries are outlined below:

- Contact will be limited to the therapy session **only**.
- Presenting gifts will **not** be allowed.
- Socializing outside of therapy sessions (social events, family gatherings, etc.) will not be allowed.
- Social Media contact (Facebook, Twitter, Instagram, etc.) will not be allowed in order to ensure confidentiality.

## Session Fees and Length of Service

The session fees are as followed:

Assessment/First Session (55 minutes) \$175.00 Therapy Session (55 minutes) \$165.00 **You can discuss any eligibility for a cash pay discount with me individually.** 

Please note that if sessions go over, the over-time will be charged at the rate of \$41.25 at the start of every 15 minutes. This charge is not covered by insurance and will be billed through private payment.

At this time, I accept the following types of insurance: Blue Cross Blue Shield, with the exception of Blue Value and Medicare. At Lewisville Family Counseling, we attempt to set fair fees for our services. However, fees can also be dictated by insurance companies. Insurance reimbursement rates may change at the beginning of the year or fluctuate throughout the year. Lewisville Family Counseling may have to adjust our rates accordingly throughout the year. Most insurance companies require a diagnosis in order to reimburse for counseling services. You are responsible for contacting your insurance provider in order to confirm your mental health and/or substance abuse counseling benefits; they will advise you of your benefit coverage including copayments or coinsurance. Generally, since couples counseling is not covered by insurance companies, I only accept private pay for couples counseling.

I accept cash, checks, and credit cards. A \$30 fee is charged for all returned checks. Payment is due at the time of service. **Please note that I do not offer services related to court or custody hearings**. In the event that I am subpoenaed or must appear in court, the fee is \$200 per hour that I would be out of the office (including travel time). Fees for medical records are as follows: seventy-five cents ( $75\phi$ ) per page for the first 25 pages, fifty cents ( $50\phi$ ) per page for pages 26 through 100, and twenty-five cents ( $25\phi$ ) for each page in excess of 100 pages. Lewisville Family Counseling may impose a minimum fee of up to ten dollars (\$10.00), inclusive of copying costs. A fee equivalent to my hourly rate may be charged for researching and writing a summary of a medical record.

#### Acknowledgement of Financial Responsibility

Seeking our services implies your acceptance of financial responsibility and obligates you to ensure payment in full for the services you receive. As a client of Lewisville Family Counseling, you agree to provide this office current credit card information which will be used to cover any

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unpaid charges. You also agree to ensure that the credit card information on file is current and up to date at all times. (Please refer to the separate Credit Card Payment Form.) If you have insurance coverage with a plan we accept, we will submit your claim to your insurance carrier as a courtesy to you. You agree that you are responsible for any deductible, copayment, or any service that is not covered by your policy. If you do not have insurance, or if you have coverage with a plan we do not accept, you will be considered a "private pay" client and payment is due at the time of service. Likewise, if you do not provide correct insurance information to our office at the time of your appointment, your credit card on file will be charged for the full amount billed. We will be glad to provide you with a Super Bill for you to submit to your insurance company for any reimbursement.

#### **Office Policies**

#### **Payments and Non-Payment Policy**

Payment is due at the time of service. If payment has not been made after two sessions, further sessions must be cancelled until payment has been made in full.

#### **Cancellation and Late Arrival Policy**

Your appointments involve the reservation of time specifically for you, and this is the basis of my livelihood. If you must cancel an appointment, please do so within 24 hours' notice. If an appointment is cancelled late, that is with less than 24 hours' notice, a late cancellation fee of \$50 will be charged. If you utilize insurance, please note that insurance does not cover late cancellations and so you will be responsible for the full late cancellation fee. If you miss an appointment without calling to cancel, your future appointments may be canceled. If you will be late, please contact me as soon as possible. Upon your arrival, we will meet for the remaining amount of time and end as scheduled. Because insurance will only provide reimbursement for the time that you are present for the session, you will be responsible for the fee for the remainder of the session in 15-minute increments.

#### How to Cancel or Reschedule an Appointment

If you need to cancel or reschedule an appointment, please e-mail me at kervins@lewisvillefamilycounseling.com or, if you have access to our online platform TherapyAppointment, you may cancel or reschedule online. In order to cancel or reschedule online:

- 1. Go to www.LewisvilleFamilyCounseling.com
- 2. Click on "Appointment Information"
- 3. Click on "Scheduling and Appointments"
- 4. Choose the name of your counselor and click "click here"
- 5. This will take you to the psychselect website. Enter the Username and Password that you created when you registered online as a client at Lewisville Family Counseling (or any update password that you may have created)
- 6. This will direct you to the screen in which you can cancel or reschedule your appointment.

Please note that cancellations with less than 24 hours' notice may not be made in TherapyAppointment. If you do not have access to TherapyAppointment and do not feel comfortable using e-mail to contact us, please call the office at 336-945-0137 to cancel or reschedule your appointment.

#### **Client Nonparticipation**

If a client chooses not to participate in a counseling session (does not get out of the car, will not enter therapy room, sits quietly in therapy room, etc.), the session is billed as a regular session. If insurance does not reimburse for this session, you will be responsible for the session fee.

#### Emergencies

Lewisville Family Counseling does not provide on-call emergency services. If you or your family member are at risk of harm to yourself or another person, please go to the nearest emergency room or call 911 and ask for a CIT (Crisis Intervention Team) officer.

If you are having a mental health emergency, you can utilize one of these three options:

- Cardinal 24 Hour Crisis Line: 1-800-939-5911 •
- Novant Behavioral Health: 1-800-718-3550 •
- ٠ Daymark Mobile Crisis Team: 1-888-581-9988

#### **Inclement Weather**

In the case of inclement weather, please use your discretion about whether to travel to your appointment. If you choose to cancel your appointment, please call the office and leave a message. If we have not already contacted you and you need to find out if the office will be closed due to inclement weather, you can call the office at 336-945-0137, check our website at

https://www.lewisvillefamilycounseling.com/InclementWeatherInformation.en.html, or e-mail your counselor.

#### **Termination of Counseling/Discharge**

The most common reason for ending counseling is that a client's concerns have been addressed to their satisfaction. Although you are free to end counseling or seek a second opinion from another counselor at any time, most clients find it helpful to have one or two "ending/termination sessions" to bring closure to counseling and discuss what has taken place during our time together. These ending sessions can be helpful in preventing future problems. Another scenario in which counseling ends is when a client's challenges lie beyond the limits of my expertise or ability to help. I do not work with clients whose challenges, in my opinion, are beyond my ability. If this becomes apparent to me at any point, I will discuss this with you and collaboratively discuss other options such as other appropriate referrals. Please advise me or the administrative assistant if you no longer wish to continue with treatment. After a period of sixty (60) days with no contact from you, I will terminate the therapy

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contract and discharge you from services at that time. You may call the office at any time to resume services, at which time a new intake packet can be completed.

#### **Use of Diagnosis**

The counseling relationship begins with an assessment, in which information is gathered about your symptoms, strengths, problems, and relevant history. Part of that process can include determining an accurate mental health and/or substance use diagnosis, which would become a permanent part of your medical record. The diagnosis is not a label but is helpful in determining the most appropriate course of treatment for your particular needs. At your initial session, I will complete an assessment to help determine the most appropriate course of treatment.

#### Confidentiality

# \_\_\_\_\_\_By initialing this Confidentiality section, it gives Kervins Clement permission to audio record sessions for supervisory purposes.

All information exchanged between us will remain between you, me, and my clinical supervisor. Jennifer B. Locklear will also keep your information confidential. If you want me to release any information regarding our counseling session, you must sign an information release form. **However, in the following situations, I am required by law to disclose confidential information**:

- 1. If I reasonably suspect that you pose a harm to yourself or others,
- 2. If I reasonably suspected that a child or elder has been abused or neglected, or if I suspect that a child has witnessed domestic violence
- 3. If a court of law requires the release of counseling records or testimony

#### **Code of Ethics**

Ethical conduct is vital in the field of counseling. As a counselor, I follow the Code of Ethics for the American Counseling Association (ACA). These Codes of Ethics can be accessed from the website <u>https://www.ncblpc.org/Assets/LawsAndCodes/ACA\_Code\_of\_Ethics(2014).pdf</u>

# Security and Privacy with Electronic Communication

E-mail and texting can often be convenient methods of communication. When you register online as a client with Lewisville Family Counseling, you will have an option to receive appointment reminders via text or e-mail. Please be aware that e-mail and text are not secure methods of communication and keep this in mind if you choose to provide us with an e-mail address and phone number and choose to communicate by these means. E-mail should be used for only brief, general questions or for scheduling purposes. E-mail is not to be used for emergencies, therapeutic issues, or sensitive personal information. By providing Lewisville Family Counseling with an e-mail address and cell phone number (on this form and/or in the electronic medical record), you are agreeing to receive e-mail and text communication from us.

I do do not give permission for Lewisville Family Counseling staff and contractors to e-mail me at the following address(es):

I do do not give permission for Lewisville Family Counseling staff and contractors to text me at the following phone number(s):

I  $\Box$ do  $\Box$ do not give permission for Lewisville Family Counseling staff and contractors to leave a voicemail for me at the following phone number(s):

#### Complaints

If at any time you have any questions or concerns, I encourage you to let me know. In addition, please feel free to contact my supervisor: Jennifer B. Locklear, MS/Eds, NCC, LCMHC, LCMHCS, ACS, ICAADC, LCAS, CCS, ICCS, CCH, BC-TMHP, MAC, RYT-200. Lastly, if you feel that I am in violation of the American Counseling Association Code of Ethics (http://www.counseling.org/Resources/aca-code-ofethics.pdf) and would like to file a complaint, reports can be sent to the following address:

> North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) Mail: P.O. Box 77819 Greensboro, NC 27417 Phone: 844-622-3572 or 336-217-6007 Fax: 336-217-9450 E-mail: LCMHCinfo@ncblcmhc.org

## **Client Consent to Assessment and Counseling**

I have read this Professional Disclosure Statement and Consent to Treatment, had enough time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing insurance (if insurance is being used), and to the release of that information and other information necessary to complete the billing process. I agree to undertake the assessment and treatment process with Kervins Clement. I know that I can end therapy at any time I wish.

Client Printed Name:	Date:
Client Signature:	Date:
Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	Date:
Kervins Clement, LCMHCA, LCASA, NCC, CRT-IT, CFLE, M.Ed, Ed.S	Date: