



Professional Disclosure Statement and Informed Consent to Treatment

Robyn G. Nofle, MSW, LCSWA

Lewisville Family Counseling, PLLC | 6614 Shallowford Road, Suite 250 | Lewisville NC 27023

Phone: 336-945-0137 | Fax: 336-946-9084 | robyn@lewisvillefamilycounseling.com

<http://www.lewisvillefamilycounseling.com>

Professional Background

I graduated in May 2018 with a Master of Social Work from the University of North Carolina at Charlotte. I am a Licensed Clinical Social Worker Associate (LCSWA) in the State of North Carolina and in the process of completing the necessary requirements to become a Licensed Clinical Social Worker (LCSW).

Counseling Experience

I have been with Lewisville Family Counseling since 2017, starting as a graduate student intern. I have experience working with children, adolescents, adults, and families with a variety of mental and emotional issues, including: anxiety, depression, adjustment/transition, self-harm, school/work problems, relationship issues, and family conflict.

Services Offered

I offer comprehensive clinical assessments and tailored interventions to meet the individual needs of clients. I work with children, adults, and families. My theoretical orientation is primarily cognitive behavioral therapy (CBT), but I also pull from systems theory, strengths-based approaches, solution-focused therapy, motivational interviewing, mindfulness, and other interventions. Sessions last approximately 55 minutes, unless longer sessions are requested. Assessments can take more than one session to complete.

Restricted Licensure

Effective May 31, 2018, I am a Licensed Clinical Social Worker Associate in North Carolina (License #P012510). I am under the supervision of Sarah MacReynolds, MSW, LCSW. All clients are encouraged to discuss any concerns directly with me. However, if you need to contact my supervisor you may. Her contact information is as follows:

6614 Shallowford Road, Suite 250 | Lewisville, NC 27023

Phone: 336-945-0137 | Fax: 336-946-9084 | sarah@lewisvillefamilycounseling.com

The Process of Assessment and Counseling

Participation in counseling can result in a number of 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.

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 the course of 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 of time 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. In the event that 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.

Fees

Intake Assessment (55 minutes) – \$175.00

Therapy Session (55 minutes) – \$165.00

You can discuss any eligibility for a private 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. Since couples counseling is usually 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. Due to rising costs and inflation, Lewisville Family Counseling reviews our fee schedule periodically, during which a fee increase may take place. **Please note that I do not offer services related to court hearings or custody evaluations.** In the event that I am subpoenaed or must appear in court, the fee is \$225 per hour that I would be out of the office (including travel time). Fees for medical records are as follows: seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26 through 100, and twenty-five cents (25¢) 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 (\$165 per hour) may be charged for any requests such as researching and writing a summary of a medical record or completing any requested forms or letters.

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 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.

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 therapists to e-mail me at the following address(es):

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

I ☐ **do** ☐ **do not** give permission for Lewisville Family Counseling staff and therapists to leave a voicemail for me at the following phone number(s):

Confidentiality

The information discussed in your sessions is considered confidential, which means that I will not share that information with others unless you provide your written permission for me to do so. There are, however, limits to confidentiality in which I may be obligated to break confidentiality. These situations include:

- If there is a reasonable suspicion of the abuse or neglect of a child, dependent, or vulnerable adult. A report will be made to the appropriate protective agencies.
- If you are actively suicidal or are a danger to yourself. I have a duty to obtain help from others in order to do what is necessary to keep you safe.
- If you present/threaten grave bodily harm to others. I have a legal duty to warn those threatened, and to contact law enforcement.
- If I am served with a subpoena by a court or an attorney related to your case.
- If your case involves the Department of Social Services (usually Child Protective Services or Adult Protective Services) I might be required to share information with the Social Worker.
- If you are on probation or parole, it may be legally required that I share information with various individuals appointed by the courts.

In addition to what is discussed in our sessions, the fact that you are attending counseling is also confidential. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first.

As a provisionally licensed clinician, it may be necessary for my supervisor to observe a session. This could include direct observation or an audio and/or video recording. These recordings will serve as a part of my supervision, and will only be shared with my supervisor. I will notify you before the session starts if you will be recorded or if my supervisor will be present.

_____ **By initialing this confidentiality section, I give Robyn Nofle permission to audio and/or video record sessions for supervisory purposes.**

Consultation: I consult regularly with other professionals regarding my clients. In some circumstances, the professionals with whom I discuss my case have access to limited confidential information. These professionals are bound by the same confidentiality measures listed above.

Couples and Family Therapy: In couples and family counseling, confidentiality does not apply between the couple or among family members. I will use clinical judgment when revealing such information. I will encourage the person(s) to reveal the information to the other member(s). I will provide support for that person in finding ways to disclose the information. If you reveal a “secret” to me that you refuse to disclose to the other(s) and that puts me in a position of hurting my honest relationship with others in the couple or family, therapy will be terminated.

Custodial Parents of a Minor Child: All custodial parents have a right to information shared in the session of a child under the age of 18 who is not emancipated. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist. Considering the above exclusions, upon your request I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful.

Professional Relationships/Social Media

The counseling relationship is different from any other kind of relationship. Because a counselor is not a friend, family member, or other personal relationship, it can be a safer relationship to discuss very personal matters that may be difficult to share with others who are close to you. Therefore, it is important to protect the boundaries of the professional counseling relationship. In order to protect your boundaries and the confidentiality of the professional relationship, I do not connect with clients on social media.

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 in order to help determine the most appropriate course of treatment.

Code of Ethics

Ethical conduct is vital in the field of counseling. As a clinical social worker, I follow the Code of Ethics for the National Association of Social Workers (NASW). The Code of Ethics can be accessed from the website at:
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Complaints

If you are not satisfied with any part of the services you receive from me or if you have a complaint, I encourage you to discuss this with me. If we are unable to resolve a complaint or if you wish to contact the LCSW Board directly, you can contact the North Carolina Social Work Licensing Board at P.O. Box 1043, Asheboro, NC 27204, or 336-625-1679.

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. In the event that 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 robyn@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.

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 would 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 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.

Inclement Weather

In the case of inclement weather, please use your discretion about whether or not 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, check our website, or e-mail us.

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
- *Daymark Mobile Crisis Team:* 1-888-581-9988

Client Consent to Assessment and Counseling

I have read this Professional Disclosure Statement and Consent to Treatment, had sufficient 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 Robyn Nofle. I know that I can end therapy at any time I wish.

Robyn Nofle, MSW, LCSWA

Date

Client Printed Name

Client Signature

Date

Parent/Guardian Printed Name (if applicable)

Relationship to Client

Parent/Guardian Signature (if applicable)

Date