



Professional Disclosure Statement and Informed Consent to Treat

Gabriella Drouillard-Moser M.A., M.A., LCMHCA, LCASA

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<http://www.lewisvillefamilycounseling.com>

Informed Consent

Education

I graduated from Boston College with a Master's of Arts in Mental Health Counseling and Clinical Psychology in 2019. I also graduated from Boston College with a Master's of Arts in Theology and Pastoral Counseling in 2019. I am a Licensed Clinical Addiction Specialist-Associate in the state of North Carolina. I am also a Licensed Clinical Mental Health Counselor Associate in North Carolina as of April 2020.

Counseling Experience

I have just begun my career as a mental health counselor in the past two years beginning with my practicum and internship with the Addiction Treatment Center of New England. Upon completion of my graduate degree, I relocated from Massachusetts to North Carolina and have begun working as an addiction counselor for the state of North Carolina. Over the past year, I have been pursuing licensure as a Clinical Mental Health Counselor Associate in North Carolina.

Counseling Background

As a practicing professional, my counseling experience includes assessment and treatment of the following populations: high-risk individuals, children, couples, and families; adolescents; young adult/college students; adults; and couples. Services rendered were primarily outpatient individual therapy services. I also have experience facilitating counseling and psychoeducational groups. My areas of expertise include: addiction, (substance use disorders) and dual diagnosis (mood disorders, anxiety, stress, obsessive-compulsive disorder, self-harm, and family conflict diagnosed along with a substance use disorder) Group experience includes: Dialectical behavior Therapy, Cognitive Behavioral Therapy, Interpersonal process therapy, and parent process groups, dual diagnosis psychoeducational and support groups, 12-step support groups, beyond methadone groups, and building coping skills groups.

Services Offered

I offer thorough clinical assessments, as well as individual, group, and couples counseling to adolescents, young adults, and adults with addiction and a wide variety of mental health diagnoses. My theoretical orientation is mainly eclectic but primarily rooted in CBT (cognitive behavioral therapy) and focuses on helping individuals change their behaviors and attitudes to alleviate emotional problems. Other theoretical orientations I use in most of my work is family systems theory to assist clients in understanding themselves as a fraction of a family unit as well as an emotional unit and how that affects their emotional problems. If at any time during our counseling relationship you feel the process is not successful, you may end the relationship at any time. Prior to terminating counseling services, I would ask that we schedule a brief session devoted to closure, for the benefit of both the counselor and the individual. It is important to recap what has been learned, note any changes, and summarize the working relationship.

Sessions last approximately 55 minutes. Assessments can take up to two sessions to complete.

Session Fees and Length of Service

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.

Effective December 2020

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.

Cancellations

If you must cancel an appointment, please do so within a 24-hour notice. If an appointment is cancelled late, that is with less than 24-hour 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. **PLEASE INITIAL _____**

Termination of Counseling/Discharge

Please advise your therapist 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, your therapist 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 at 336-945-0137, check our website at <https://www.lewisvillefamilycounseling.com/InclementWeatherInformation.en.html>, or e-mail your counselor.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require a diagnosis of mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. 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.

Effective December 2020

Any diagnosis made will become part of your permanent insurance records. I also use diagnosis in order to ascertain how to best treat my clients.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

In compliance with the North Carolina Board of Licensed Clinical Mental Health Counselors and with receiving supervision as an LCAS, I am required provide raw data (audio or visual recordings) to each supervision meeting. At the beginning of our session, I will notify you of whether the session is being recorded or not. The audio recording will be shared solely with Jennifer Locklear, MS/EdS, NCC, MHC, LCMHCS for professional and supervision purposes only.

I also will be sharing your information with my supervisor, Jennifer Locklear, MS/EdS, NCC, MHC, LCMHCS, as we conduct weekly or bi-weekly scheduled supervision meetings. Disclosed information includes: intake/psychological examination, treatment goals, progress, outcome, and summation of treatment.

Due to the fact that I believe confidentiality is of utmost importance for my clients, including children, I do not counsel children that have parents involved in a custody situation if the parents are seeking my services as information for the court. My role is to act as the child's helper and not to ally with any disputing party regarding the child. Counseling is for the purpose of the child's emotional well-being and does not yield recommendations about custody issues.

Although our session may be very intimate psychologically, it is important for you to realize that we have a professional relationship. Our contact will be limited to the sessions you arrange with me. It is vital for you to know that if I see you in public, I will protect your confidentiality by greeting you only if you greet me first.

_____ **By initialing this Confidentiality section, it gives Gabriella S. Drouillard-Moser, LCMHCA, LCAS-R permission to audio record sessions for supervisory purposes.**

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.

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

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 in which 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.

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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819 | Greensboro, NC 27417
Phone: (844) 622-3572 or (336)217-6007 | Fax: 336-217-9450

Acceptance of Terms

By signing below, you are acknowledging that you have read, understood and agree with the conditions outlined. We agree to these terms and will abide by these guidelines.

Gabriella Drouillard-Moser, M.A., M.A., LCMHCA, LCASA

Date

Client Printed Name

Date

Client Signature

Date

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date