



Professional Disclosure Statement & Informed Consent to Treatment **Arienne J’Nae Broadnax, MA, LCMHC**

Lewisville Family Counseling, PLLC

www.LewisvilleFamilyCounseling.com

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Professional Background

I acquired a Master of Arts degree in Clinical Mental Health Counseling from Wake Forest University in August 2016. I have been fortunate during my professional and educational role to have many years of experience in mental health, working with various age groups (i.e. with young children, adolescents and adults). I desire to work toward obtaining specialties in the area of working with children and adolescents within the counseling profession.

- Licensed Professional Counselor, Effective 12/17/2019, License #13072
- Licensed Clinical Mental Health Counselor (Title Name Change- Effective 01/01/2020,) License # 13072

Counseling Experience

Outpatient counseling experience gained at Lewisville Family Counseling, has provided opportunities for working with young children and adolescents for the past 2 years. In addition to outpatient experience, I served as a clinical case manager through a collaborative with the Department of Juvenile Justice, evaluating clients, for the purpose of undergoing psychological testing, case management services and the determination of treatment recommendations for juveniles involved with the court system. During graduate studies, requirements of completing a practicum, 2 clinical internships in multiple settings (day treatment, outpatient services at local private practice, counseling children and adolescents and a partial hospitalization program for Adults) also served to provide unique learning experiences in counseling. Historical work experience in various mental health settings such as day treatment, community services, and a state psychiatric hospital prior to graduate studies also prepared me for counseling work . I attempt to bring unique and creative approaches to the counseling process, blending my knowledge of utilizing a client’s interests as a means of rapport building and incorporating these interests within the client’s recovery. I also look forward to the endless opportunities to learn in serving children, adolescents and their families.

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 seek parents' and the child's feedback on counseling for my own personal growth and development, avidly looking for ways to improve my work with clients' served. During assessment or counseling, remembering or talking about unpleasant events, feelings, or thoughts can result in either you or your child experiencing some discomfort or strong feelings of anger, sadness, worry, fear, and so forth. Therapy may also result in decisions about making very different kinds of changes.

Change may sometimes be easy and swift; other times it may be slow and even frustrating. There is no guarantee that therapy will yield the intended results.



Services Offered

I offer comprehensive clinical assessments, individual, group, and family counseling sessions. I specialize in working with young children, adolescents and their families. During the counseling process, it is my attempt to bring warmth, passion, and creativity as well as astute clinical skills into the counseling relationship and utilizing a variety of evidence-based practices. 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. Various frameworks such as Behavioral frameworks such as CBT-Cognitive-Behavioral Therapy, DBT- Dialectical Behavioral Therapy, Motivational interviewing, as well as Strength-based and Solution-focused/brief therapy approaches, are utilized in efforts to generate positive outcomes for clients served. I believe that meeting clients where they are, helping the client work toward personal goals, incorporating their interests and strengths in the therapy process are all vital components of the therapy process. All clients possess unique strengths and can access these tools within themselves to achieve wellness. Typical clients served in counseling may likely be experiencing problems with attention, hyperactivity, impulse control as well as conduct problems, and mood disorders such as anxiety and depression. Clients also may need assistance adjusting to life transitions and developmental challenges as well.

Clinical assessments are completed to ascertain strengths, problem areas, as well as, goals all incorporated into a treatment plan. Sessions are scheduled for 55 minutes although clinical assessments may require 2 sessions to complete.

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.

Fee Schedule:

At this time, I accept the following types of payment methods: cash, check, and/or debit/credit cards. Checks are to be made out to Lewisville Family Counseling. The session fees are as follows: Assessment/First Session (55 minutes) 175.00; Therapy Session (55 minutes) \$165.00. **You are welcome to discuss any eligibility for a cash pay discount with me.** Payment is due at the time of service. Please note that if I begin to notice a pattern of sessions going over the allocated time, the overtime 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. A \$30 fee is charged for all returned checks.

I also 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.

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¢) 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 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 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.

Use of Diagnosis

The counseling relationship begins with a clinical assessment in which information is gathered about symptoms, strengths, problems, and relevant history in order to determine a mental health or substance use disorder which will become a part of the permanent medical record. A diagnosis is helpful in determining the most appropriate course of treatment according to the needs identified. I am cautious in any assignment of a diagnosis, especially in children and will continue to re-evaluate symptoms and a client's presentation throughout the therapy process. If a diagnosis is assigned you will be informed of the diagnosis prior to any information being submitted to any health insurance company.

Cancellations/Termination of Counseling/Discharge

If I need to cancel an appointment for any reason I will give as much advance notice as possible and attempts will be made to reschedule the appointment. If you must cancel an appointment, please do so within 24 hours notice. I do understand that in some situations this may not be possible (i.e. sickness, accidents, etc.) however If an appointment is not cancelled within the 24 hours notice (no call/no show), **a late cancellation fee of \$50 will be charged.** If a noted pattern of missed appointments without calling to cancel develops, future appointments may be cancelled. 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 do need to cancel an appointment, therapist and/or office staff will contact you within 48 hrs. and attempt to reschedule. Please advise, if you no longer seek to continue with treatment. After a period of 2 months with no further contact, I will determine that you do not wish to continue and will terminate the therapy contract. If you wish to resume services, you may call at any time to resume services at which time a new intake packet can be completed. Please Initial_____

Termination of Counseling/Discharge

Please advise if you no longer wish to continue with treatment by either contacting me or the administrative assistant. After a period of sixty (60) days with no contact from you, the therapy contract will be terminated discharging 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 regarding traveling to your appointment. If you choose to cancel your appointment, please call the office and leave a message. You may call 336-945-0137 to inquire about whether the office will be closed due to inclement weather. 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 also call the office at 336-945-0137, check our website at <https://www.lewisvillefamilycounseling.com/InclementWeatherInformation.en.html>, or email your counselor. Please Initial _____



Confidentiality

It is imperative that all youths and their families are aware of the professional nature of our relationship. Our contact is limited to the services provided at Lewisville Family Counseling. All information that is shared with me during the counseling process is strictly confidential. 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 youth are a danger to themselves or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. It is also imperative that you know that I am a mandated reporter and required by law to report any allegations of abuse disclosed during interactions at Lewisville Family Counseling. 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.

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.

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 email. Please be aware that e-mail and text are not secure methods of communication and keep this in mind if you choose to provide an email address and phone number and choose to communicate by these means. By providing Lewisville Family Counseling with an email 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 email me at the following addresses(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):



Complaints

Although youths and parents are encouraged to discuss concerns with me, you may file a complaint should you feel the need to do so with the North Carolina Licensure Board should you feel I am in violation of any of the code of ethics. I abide by ACA Code of Ethics, (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors PO

Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

Email: Complaints@ncblcmhc.org

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.

J'Nae Broadnax, M.A., LCMHC

Date

Parent/Guardian Signature

Date

Client/Youth Signature

Date