



Professional Disclosure Statement & Informed Consent

Arianne J’Nae Broadnax, MA, LPC-A

Lewisville Family Counseling, PLLC.

www.lewisvillefamilycounseling.com

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My Qualifications

I obtained a Master of Arts degree in Clinical Mental Health Counseling from Wake Forest University in 2016. I have been fortunate during my prior professional role and educational tenure to have 14 years of experience in mental health working with young children, adolescents and adults. Graduate level counseling experience was completed in various settings over the course of a year. In addition to a degree in counseling, I have an undergraduate degree in Recreational Therapy.

- Licensed Professional Counselor Associate, effective 6/27/17 License # A13072

Counseling Background

I have 16 years of experience working in various mental health settings. The majority of my experience in mental health has been served in the role of a licensed Recreational Therapist. During graduate studies, I completed a practicum and 2 clinical internships in various settings such as a day treatment setting (Amos Cottage), a private practice counseling for children and adolescents with Voice for Children and Nurturing Families (a.k.a Life Synergy), and within the partial hospitalization program for Adults at Old Vineyard Behavioral Health Services. Internship experiences afforded opportunities for exposure to various modalities such as Behavioral Therapy, Play Therapy, Dialectical Behavioral Therapy, and the Matrix Model for Addiction issues to name a few. I 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.

Restricted Licensure

I am a Licensed Professional Counselor Associate by the State North Carolina Board of Licensed Professional Counselors. As a requirement for restricted licensure, a board approved clinical supervisor, Ms. Jennifer Locklear will be providing clinical oversight of my counseling experience. Supervision will occur 1 hour per week for every 40 hours of work. Components of supervision include discussions surrounding clinical cases, occurring in either individual or group format, utilizing modalities of audio/video recordings, or live observations of counseling sessions. Recordings and live observation data will be used solely for the purpose of receiving supervision.

Notification of recording or live observation of counseling sessions will be indicated prior to counseling sessions. By initialing you permit Arianne J’Nae Broadnax, LPCA to audio record sessions for supervisory purposes. Initial__
If you elect not to allow sessions to be audio recorded please initial_____.

Should you have any questions or feel the need to contact my supervisor, her contact information is indicated below:

Jennifer Locklear, MS/EdS, NCC, LPCS, LCAS, CCS (#S5123)

Lewisville Family Counseling, PLLC.

PO Box 267 , Lewisville NC 27023

Phone: 336-945-0137

Email: jennifer@lewisvillefamilycounseling.com



Services

I attempt to bring warmth, passion, and creativity as well as astute clinical skills into the counseling relationship and will utilize a variety of evidence-based practices. My theoretical approach is based in Behavioral Therapy and Cognitive Therapy. CBT- Cognitive-Behavioral Therapy, DBT- Dialectical Behavioral Therapy, Motivational interviewing, Strength based and solution focused/brief therapy approaches generate the framework I will use in counseling children and adolescents. I believe that meeting a client where they are, helping the client work toward personal goals, incorporating their interest and strengths in the therapy process are all vital components of the therapy process. All clients possess unique God given gifts and can access these tools within themselves to achieve wellness. I enjoy working with children, adolescents ages 3-17 and their families. I have experience in individual and group and family sessions. I have experience in working with a variety of diagnoses such as ADD/ADHD; Oppositional Defiant Disorder, Conduct Disorder, Mood Disorders, Depression, & Anxiety. A Clinical Assessment will be completed to ascertain strengths, problem areas, and goals all incorporated into a treatment plan. Sessions are scheduled for 55 minutes. Clinical Assessments may require 2 sessions to complete.

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 followed: Assessment/First Session (55 minutes) 125.00; Therapy Session (55 minutes) \$100.00 Payment is due at the time of service. Please note that if sessions go over, the over-time will be charged at the rate of \$37.50 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. 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. Due to rising costs and inflation, Lewisville Family Counseling reviews our fee schedule twice per year in January and July, during which a fee increase may take place. 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 (\$150 per hour) may be charged for researching and writing a summary of a medical record.

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

If you must cancel an appointment, please do so within 24 hours notice. If an appointment is not cancelled within the 24 hours notice, **a late cancellation fee of \$50 will be charged**. If you miss an appointment without calling to cancel, 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. to try and reschedule. Please advise therapist if you no longer seek to continue with treatment. After a period of 2 months with no further contact, therapist 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. 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.

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 e-mail 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.



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 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 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>). You may also consult with my clinical supervisor Ms. Jennifer Locklear.

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 7417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
Email: Complaints@ncblpc.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., LPC-A

Date

Parent/Guardian Signature

Date

Client/Youth Signature

Date