



## Professional Disclosure Statement

### Mary Margaret Johnson, MSW, LCSWA

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

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

<http://www.lewisvillefamilycounseling.com>

#### Professional Background

I graduated in May of 2016 with Master's of Social Work from Appalachian State University. I am a Licensed Clinical Social Worker Associate (LCSWA) in the State of North Carolina as of January 2019, in the process of completing the requirements to become a Licensed Clinical Social Worker.

#### Counseling Experience

During my undergraduate studies, I completed my internship at The Crossnore School, working with K-12 adolescents and their families in the foster care system in rural North Carolina. After completing my Bachelor's degree, I spent a year doing full-time youth ministry with middle school girls in the Winston-Salem area. In my graduate studies, I completed a year-long internship in the Watauga County School System in Western North Carolina, doing individual and group counseling with K-8 at-risk children and adolescents. I have experience working with a variety of mental and emotional health issues, including depression, anxiety disorders, self-harm, perfectionism, shame, grief and relationship issues.

#### Services Offered

I offer clinical assessments and interventions according to each client's personal goals and needs. I work with adolescents and adults ages 12 and up, with a special interest in working with adolescent females. I primarily utilize cognitive behavioral therapy, but also draw upon motivational interviewing, mindfulness, strengths-based approaches, and expressive arts therapy. Sessions last approximately 55 minutes.

#### Restricted Licensure

Effective January 18, 2019, I am a Licensed Clinical Social Worker Associate in North Carolina (License #P013190). I am under the supervision of Sarah MacReynolds, MSW, LCSW. All clients are encouraged to discuss any concerns directly with me. However, you may also contact my supervisor. Her contact information is:

6614 Shallowford Rd., Suite 250, Lewisville, NC 27023 Phone: 336-945-0137 Fax: 336-946-9084

[sarah@lewisvillefamilycounseling.com](mailto:sarah@lewisvillefamilycounseling.com)

#### Fees

Intake Assessment (55 minutes): \$175.00

Therapy Session (55 minutes): \$165.00

**You may 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. Since couples counseling is usually not covered by insurance companies, I only accept private pay for couples counseling.

Payment is due at the time of service. I accept cash, check, and/or credit cards. Checks are to be made out to *Lewisville Family Counseling*. A \$30 fee is charged for all returned checks. At this time, I accept private payment and I am in the process of becoming credentialed with BCBS. 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 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

Effective December 2020

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.

**Cancellations**

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 **cancellation fee of \$50 will be charged**. If you miss an appointment without calling to cancel, your future appointments may be canceled. If I need to cancel an appointment for any reason, I will give as much advance notice as possible and make every effort to reschedule the appointment for a later time in the day or on a different day. **PLEASE INITIAL** \_\_\_\_\_

**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.

**Confidentiality**

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

- Child or elder abuse or neglect
- Danger to the client or identified others
- Danger of contagion or life-threatening diseases
- A court order for disclosure
- Involvement of a DSS worker or guardian ad litem
- A request for information from the parent of a minor child

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 Mary Margaret Johnson permission to audio and/or video record sessions for supervisory purposes.**

**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):

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**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.

**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 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. I take great caution before assigning any patient a diagnosis, especially children, and will continue to reevaluate the symptoms and progression throughout the course of treatment.

**Termination of Counseling**

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.

**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.

**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 Mary Margaret Johnson. I know that I can end therapy at any time I wish.**

\_\_\_\_\_ Date \_\_\_\_\_  
Mary Margaret Johnson, MSW, LCSWA

\_\_\_\_\_ Date \_\_\_\_\_  
Client Printed Name

\_\_\_\_\_ Date \_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Printed Name (if applicable)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature (if applicable)