



### Professional Disclosure Statement

**Antoine J. Charles MA, LCMHCA, LCAS, CCS-I, NCC, CSAC**

Lewisville Family Counseling, PLLC • PO Box 267 • 6614 Shallowford Rd Ste 250, Lewisville NC 27023

Phone 336-945-0137 • Fax 336-946-9084 • [Antoine@lewisvillefamilycounseling.com](mailto:Antoine@lewisvillefamilycounseling.com)

<http://www.lewisvillefamilycounseling.com>

### Professional Background

I graduated from Liberty University's Department of Counseling with a Master of Arts in Professional Counseling in 2018. In addition, I have an undergraduate degree in Biblical Studies. I am a Licensed Clinical Addiction Specialist and a member of the National Association of Alcohol Drug Addiction Counselors (NAADAC), Addiction Professionals of North Carolina (APNC). I am a Licensed Clinical Mental Health Counselor Associate and a member of the National Board of Certified Counselors (NBCC). My Licenses and Certifications include:

- Licensed Clinical Addictions Specialist, License # 23019, since 06/06/2018
- Licensed Clinical Mental Health Counselor Associate, License #A14770, since 04/16/2019
- Certified Clinical Supervisor Intern, Certificate # 21139, since 08/01/2018
- Certified Substance Abuse Counselor, Certificate # 21550, since 01/20/2015
- National Certified Counselor, Certificate #977454 since 03/27/2019

### Restricted Certification

I am a Certified Clinical Supervisor Intern by the North Carolina Substance Abuse Professional Practice Board. As a requirement for restricted licensure, a board approved clinical supervisor, Jennifer Locklear will be providing clinical oversight of my counseling experience. Supervision will occur one hour per 80 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. Upon completion of the review of any session recordings, the recording will be immediately destroyed. Notification of recording or live observation of counseling sessions will be indicated prior to counseling sessions.

**Please initial if you DO permit** Antoine Charles to audio/video record sessions for supervisory purposes. **Initial** \_\_\_\_\_

**Please initial if you DO NOT permit** sessions to be audio/video recorded. **Initial** \_\_\_\_\_

I am a Licensed Clinical Mental Health Counselor Associate by the North Carolina Board of Licensed Clinical Mental Health Counselors. As a requirement for restricted licensure, a board approved clinical supervisor, Laura Brotherton will be providing clinical oversight of my counseling experience. Supervision will occur one hour per 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. Upon completion of the review of any session recordings, the recording will be immediately destroyed. Notification of recording or live observation of counseling sessions will be indicated prior to counseling sessions.

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

**Laura Brotherton MA, LCMHCS 520, Kernersville Counseling Center**

**Arbor Hill Road, Kernersville, NC 27284**

**Phone: (336) 283-3830 Ext. 8**

**Email: [Laura@Kerenrsvillecounseling.com](mailto:Laura@Kerenrsvillecounseling.com)**

### Counseling Experience

I have over four years of experience working in the professional field of addiction counseling. Within my counseling experience, I have provided comprehensive clinical assessments, diagnosis, treatment planning, individual and group counseling for male adults 18 and up. I have worked with co-occurring disorders, which include depression, anxiety, and mood disorders present with substance abuse. My experience in working with addiction has occurred in a residential treatment setting. The various



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frameworks of treatment I use include Adlerian Therapy, Solution Focus Brief Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, Mindfulness, Gestalt Therapy, and Biblical Counseling. Finally, I utilize my personal experience of recovery as a tool in counseling.

### **Services Offered**

I provide comprehensive clinical assessments and treatment to individuals, groups, and as related to addiction family counseling. In Adlerian Therapy, we explore social interest, feelings of inferiority and superiority, and we work to change the value system. In Motivational Interviewing, we look to capitalize on the motivation to change while moving and advancing through the recovery process. The cognitive-behavioral approach, which focuses on the relationship between a person's thoughts and a person's feelings. Solution-Focused Brief Therapy looks to utilize our strengths. The Mindfulness approach emphasizes intentionality with using solutions and techniques collaborated from the counseling sessions to implementation outside of the counseling setting. The Gestalt approach helps us to stay in the "here and now" and focuses on one day at a time. Finally, Christian counseling **IF PREFERRED** to be **INTEGRATED** into treatment will address the spiritual needs of the recovery process. **\*Assessments can take more than one session to complete.**

### **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.



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#### **Fees**

My customary fee schedule is determined according to the type of service that you receive:

Intake Assessment	\$175
Therapy Session (55 minutes)	\$165
Therapy Session (85 minutes)	\$247.50
Therapy Session (115 minutes)	\$330

**You can 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 benefits coverage, including copayments or coinsurance. Generally, since couples' counseling is 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. Payment is due at the time of service. 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.

#### **Office Policies**

##### **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 canceled 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 canceled 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



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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 email me at [jennifer@lewisvillefamilycounseling.com](mailto:jennifer@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](http://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 email 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 the 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**

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 <http://www.lewisvillefamilycounseling.com/InclementWeatherInformation.en.html>, or email your counselor.

### **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

### **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:

- Child or elder abuse or neglect
- Danger to the client or identified others



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- Danger of contagion of 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

#### **Security and Privacy with Electronic Communication**

Email 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 email and text are not secure methods of communication, and keep this in mind if you choose to provide us with 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, you are agreeing to receive email 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.

#### **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 and it 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 licensed counselor and clinical supervisor intern, I follow the Code of Ethics for the North Carolina Addictions Specialist Professional Practice Board (NCASPPB) as well as the National Association of Alcohol Drug Addiction Counselors (NAADAC), and the North Carolina Board of Licensed Clinical Mental Health Counselors.

These Codes of Ethics can be accessed from the website:

<https://www.ncsappb.org/wp-content/uploads/2013/02/NCSAPPB-ETHICS-RULES.pdf>

<https://www.naadac.org/code-of-ethics>

<https://ncblcmhc.org/LawsAndCodes>



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**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 North Carolina Addictions Specialist Professional Practice Board P.O. Box 10126, Raleigh, NC 27605. Ph: 919-832-0975 Fax: 919-833-5743 or the North Carolina Board of Licensed Clinical Mental Health Counselors, P.O. Box 77819, Greensboro, NC 274171. Ph: 844-622-3572 or 336-217-6007. Email: [LPCinfo@ncblpc.org](mailto:LPCinfo@ncblpc.org).

**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.

**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 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 Jennifer Locklear. I know that I can end therapy at any time I wish.**

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Client Printed Name:

---

Client Signature:

Date

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Parent/Guardian Printed Name:

---

Parent/Guardian Signature:

Date

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Antoine Charles MA, LCMHCA, LCAS, CCS-I, NCC, CSAC

Date