



Professional Disclosure Statement

Emily Compton M.S., CRC, LPCA

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

Phone 336-945-0137 • Fax 336-946-9084 • Emily@lewisvillefamilycounseling.com

<http://www.lewisvillefamilycounseling.com>

Education

I graduated from the University of North Carolina at Chapel Hill with a Master's of Science in Clinical Rehabilitation and Mental Health Counseling in 2015. I am a Licensed Professional Counselor Associate (LPCA) under the State of North Carolina and in the process of completing the necessary requirements to be a Licensed Professional Counselor (LPC). I am also a Certified Rehabilitation Counselor.

Counseling Experience

For the last 3 years, I have worked as a mental health therapist, beginning with my practicum and internship with the Center of Excellence for Eating Disorders at UNC Hospital. Upon completion of my graduate degree, I began working as a general mental health and rehabilitation counselor for the state of North Carolina. Over the past year, I have been working as a psychotherapist with Veritas Collaborative, a specialty hospital for individuals with eating disorders.

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, in addition to inpatient and residential hospital settings; however, I also have experience facilitating counseling and psychoeducational groups. My areas of expertise include: eating disorders (anorexia nervosa, bulimia nervosa, and binge eating disorder), mood disorders, anxiety, stress, obsessive-compulsive disorder, self-harm, and family conflict. Group experience includes: Dialectical behavior Therapy, Multi-family dialectical behavioral therapy, Cognitive Behavioral Therapy, Interpersonal process therapy, and parent process groups.

Services Offered

I offer thorough clinical assessments, as well as individual, group, and couples counseling to adolescents, young adults, and adults with a wide variety of mental health diagnoses. My theoretical orientation is mainly eclectic but primarily rooted in dialectical behavior therapy (DBT). DBT is rooted in cognitive behavioral therapy and focuses on helping individuals change patterns of behavior that are not unhelpful. The techniques and aspects of this theory help individuals get "unstuck" and find hope and comfort in working towards change that get them out of that rut they are experiencing. 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.

Restricted Licensure

Effective December 5, 2015, I am a Professional Counselor Associate in North Carolina (License #A12045). I am under the supervision of Sarah MacReynolds, MS, LCSW. Her contact information is as follows:

6614 Shallowford Road, Suite 250 | PO Box 267 | Lewisville, NC 27023

Phone: 336.945.0137 | Fax: 336-946-9084 | sarah@lewisvillefamilycounseling.com

Session Fees and Length of Service

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

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.

At this time, I 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. 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. 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.

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.

Effective February 2019

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. 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 Professional Counselors and with receiving supervision as an LPCA, 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 Sarah MacReynolds, MSW, LCSW for professional and supervision purposes only.

I also will be sharing your information with my supervisor, Jennifer Locklear, MS/EdS, NCC, LPC, LPCS, 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 Emily W. Compton, LPCA permission to audio 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): _____

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 Professional 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.

Emily Compton, M.S., CRC, LCPA Date

Client Printed Name Date

Client Signature Date

Parent/Guardian Printed Name Date

Parent/Guardian Signature Date