



Professional Counseling Disclosure Statement and Informed Consent to Treatment

Yang Huang, Graduate Counseling Intern

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My Qualifications

I am in the process of completing a master's degree in Clinical Mental Health Counseling from Wake Forest University and anticipate graduating in May 2021. My previous degree included a Bachelor of Science in Hospitality and Tourism Management. Also, I have earned a Prepare/Enrich Assessment Facilitator Certification.

Supervised Practice

As part of the standard training process, my counseling services are under the supervision of Ms. Jennifer B. Locklear, MS/Ed.S, NCC, LCMHCS, ACS, ICAADC, LCAS, CCS, ICCS, CCH, BC-TMHP, MAC who can be reached through the Lewisville Family Counseling phone number, which is 336-945-0137. Ms. Locklear can also be reached via email at Jennifer@lewisvillefamilycounseling.com.

Additionally, my university supervisor is Dr. Jamie E. Crockett, Associate Professor of Counseling at Wake Forest University, LCMHCA, NCC, who may hear or see recordings of our sessions to provide me with feedback and ensure that quality care is being provided. (Audio or video recording of our sessions will take place with your express consent, given by signing a separate waiver. If you would prefer not to be recorded, please let me know.) Dr. Crockett can be reached at crockeje@wfu.edu.

Please note, at times my site supervisor might be required to join part of the session or the whole session due to supervision requirements.

Counseling Background and Process

Prior to entering the graduate program, I volunteered at Mental Health America Crisis Line for more than one year. I also earned a Prepare/Enrich Couple Assessment Facilitator certification on February 1, 2020.

My role is to assist you in reaching whatever goals you may have for yourself by providing non-judgmental support and helping to facilitate your journey, whatever form it may take. I strive to empower you and assist you in expanding healthy awareness, rather than to give you advice.

Although our sessions may be very intimate emotionally and psychologically, please understand that ours is a professional relationship rather than a social one. Maintaining professional boundaries is crucial to ensure an appropriate therapeutic relationship and a more positive therapeutic outcome.

Couples Counseling

My approach to couples counseling is aligning myself to the relationship as a whole and not the individuals within the dynamic. Therefore, I adhere to a strict "No Secrets" rule where I do not hold secrets for either partner (i.e. infidelity, affairs, etc.). The Effective August 2020

reason for this rule is to avoid conflict of interest where an individual's interests may not be consistent with the interests of the unit being treated.

I may hold individual sessions with everyone within the couple relationship. The goal of these sessions is to gain a deeper understanding of the dynamics in the relationship, but this is still considered to be a part of the couple's counseling relationship. If an individual chooses to share such information with me, I will offer that individual the opportunity to share this information with their partner with the appropriate guidance. However, if the individual refuses to disclose that relevant information, I may determine that couples counseling is no longer appropriate. This policy is intended to maintain the integrity and health of the couple's relationship.

The Process of Assessment and Counseling

Participation in counseling can result in several 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 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 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. If 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.

Professional Boundaries

Due to the special nature of the counseling relationship, it is important to discuss professional boundaries and limitations of the counseling relationship to help ensure the best therapeutic outcome possible. In order to protect your confidentiality, I will not address you outside of therapy sessions in the event we encounter one another in a social context. However, it is permissible for you to initiate a brief, social interaction with me if you feel comfortable doing so.

These boundaries are outlined below:

- Contact will be limited to the therapy session **only**.
- Presenting gifts will **not** be allowed.
- Socializing outside of therapy sessions (social events, family gatherings, etc.) will **not** be allowed.
- Social Media contact (Facebook, Twitter, Instagram, etc.) will **not** be allowed in order to ensure confidentiality.

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Session Fees and Length of Service

Initial Assessment: \$25
 85-minute session: \$37.50
 55-minute session: \$25
 115-minute session: \$50

All sessions will be charged at a rate of \$25 per hour. 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

Please note that if sessions go over, the over-time will be charged at the rate of \$6.25 at the start of every 15 minutes.

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 cancelled until payment has been made in full.

Cancellation and Late Arrival Policy

Your appointments involve the reservation of time specifically for you. 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 late cancellation fee of \$25 will be charged**. If you miss an appointment without calling to cancel, your future appointments may be canceled. If 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. You will be responsible for the full session fee.

How to Cancel or Reschedule an Appointment

If you need to cancel or reschedule an appointment, please e-mail me at Yang@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
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 e-mail 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 therapy room, etc.), the session is billed as a regular session.

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:

Effective August 2020

- Cardinal 24 Hour Crisis Line: 1-800-939-5911
- Novant Behavioral Health: 1-800-718-3550
- Daymark Mobile Crisis Team: 1-888-581-9988

Inclement Weather

In the case of inclement weather, please use your discretion about whether 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.

Termination of Counseling/Discharge

The most common reason for ending counseling is that a client's concerns have been addressed to their satisfaction. Although you are free to end counseling or seek a second opinion from another counselor at any time, most clients find it helpful to have one or two "ending/termination sessions" to bring closure to counseling and discuss what has taken place during our time together. These ending sessions can be helpful in preventing future problems. Another scenario in which counseling ends is when a client's challenges lie beyond the limits of my expertise or ability to help. I do not work with clients whose challenges, in my opinion, are beyond my ability. If this becomes apparent to me at any point, I will discuss this with you and collaboratively discuss other options such as other appropriate referrals. Please advise me 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, I 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.

Use of Diagnosis

I will not provide diagnoses using the DSM-5. If you request a diagnostic assessment or if I feel that it's appropriate, I will consult with my supervisor in providing such a diagnosis. If a diagnosis is provided, it will remain part of your clinical record.

Confidentiality

All information exchanged between us will remain between you, me, and my supervisors. Jennifer B. Locklear and Dr. Jamie E. Crockett will also keep your information confidential. If you want me to release any information regarding our counseling session, you must sign an information release form. **However, in the following situations, I am required by law to disclose confidential information:**

1. If I reasonably suspect that you pose a harm to yourself or others.
2. If I reasonably suspected that a child or elder has been abused or neglected, or if I suspect that a child has witnessed domestic violence.
3. If a court of law requires the release of counseling records or testimony.

Code of Ethics

Ethical conduct is vital in the field of counseling. As a counselor in training, I follow the Code of Ethics for the American Counseling Association (ACA). These Codes of Ethics can be accessed from the website [https://www.ncblpc.org/Assets/LawsAndCodes/ACA_Code_of_Ethics\(2014\).pdf](https://www.ncblpc.org/Assets/LawsAndCodes/ACA_Code_of_Ethics(2014).pdf)

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. E-mail should be used for only brief, general questions or for scheduling purposes. E-mail is not to be used for emergencies, therapeutic issues, or sensitive personal information. 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.

Telehealth Information

This section contains important information concerning engaging in telehealth services. Please read this carefully and let your therapist know if you have any questions.

Telehealth includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine may also involve the communication of my medical/mental health information, both orally and visually, to other health care practitioners, according to the privacy policies outlined in the HIPAA Notice of Privacy Practices.

Telehealth is different from traditional therapy in that the client and therapist do not meet in-person. Telehealth allows individuals who may not have local access to a mental health professional and/or specialized treatment to receive services via electronic means (e.g., telephone, email, video). Telehealth may also be used when issues related to scheduling, transportation, child-care, and/or mobility arise during the course of treatment.

Location Limitations

This consent shall only apply to clients and therapists physically within the State of North Carolina seeking therapeutic treatment within the State of North Carolina. Due to licensure regulations, no telehealth psychotherapy sessions will be provided when either the client or the therapist are physically outside of North Carolina.

Potential Benefits & Risks of Telehealth

You may benefit from telehealth services, but results cannot be guaranteed or assured. One of the benefits of telehealth is that the client and therapist can continue therapeutic sessions without being in the same place. This can be convenient if either the client or therapist is out of town or the client or therapist is unable to attend a scheduled session in-person.

Additional benefits of telehealth may include but are not limited to: finding a greater ability to express thoughts and emotions; avoidance of transportation and travel difficulties; minimization of time constraints; and a potential greater opportunity to prepare in advance for therapy sessions.

There are risks and consequences related to telehealth as well. These may include, but are not limited to, technology risks. Despite reasonable efforts on the part of my psychotherapist: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons. Additional risks include: misunderstandings related to a decreased ability to read physical cues, vocal cues/tones, and facial expressions, especially when care is delivered in an asynchronous manner; an inability to provide immediate emergency services/care; experiencing technical issues that disrupt the counseling session; and a risk that the communications may be overheard if the client or therapist does not conduct the session in a secure/confidential place.

In addition, telehealth-based services and care may not yield the same results nor be as complete as in-person treatment. If your therapist believes you would be better served by another form of psychotherapeutic service (e.g., in-person service), efforts will be made to refer you to a psychotherapist in your area who can provide such service. Finally, there are potential risks and benefits associated with any form of psychotherapy and that, despite your efforts and the efforts of your psychotherapist, your condition may not improve and in some cases may even get worse.

Technology Requirements and Possible Challenges

Video Conferencing: All video conferencing correspondences will be done through RingCentral Meetings, which are encrypted to the federal standard and HIPAA compliant. Your therapist or the office manager will advise you which platform will be used for your sessions. It is recommended that you sign on to your telehealth platform account at least 5 minutes prior to your session start time. You are responsible for initiating the connection with your therapist at the time of your session.

Risks/Client's Responsibilities/Client's Protection

When using technology for communication, there is a risk that it may be forwarded, intercepted, circulated, stored, or even changed, and the security of the devices used may be compromised. Although your therapist will make reasonable efforts to protect the privacy and security of all electronic communication with you, it is not possible to completely secure the information. If you use any other methods of electronic communication with your therapist, other than the means recommended by your therapist, there is a reasonable chance that a third party may be able to intercept that communication.

With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. I encourage you to only communicate through a computer, or any other device, that you know is safe and secure. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology that you use. Please contact me with any questions that you may have regarding privacy measures.

Client Agreement

By signing this form, you agree to:

- Avoid using mind altering substances prior to and during session
- Dress appropriately during web-based sessions, as you would if you were attending a session at your counselor's office
- Hold the session in a room that is appropriate for a web-based session, such as a home office
- Do not have anyone else in the room unless you first discuss it with your counselor
- Not conduct other activities while in session, such as driving
- Not bring any weapons of any kind to session
- Do not record sessions without first obtaining the provider's approval
- Be located within the states in which the clinician is licensed to practice (unless previously discussed with counselor)
- Minors should have a parent or guardian with them at the location/building of the web-based session, unless otherwise agreed upon with their counselor.

Emergency Management for Distance Counseling

So that I am able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You agree to inform your therapist of the location in which you will consistently be during our sessions and will inform your therapist if this location changes.
- You agree to identify an emergency contact person **whom your therapist is allowed to contact** in the case that I believe you are at risk (see below).
- Depending on my assessment of risk, you or your therapist may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call 911 and/or transport you to a hospital. In addition, your counselor may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment with me. This may mean disposing of all firearms and excess medication from your location.

Emergency Contact

Name: _____

Relationship to You: _____

Phone Number(s): _____

Backup Plan in Case of Technology Failure

Sometimes technology failures can arise before or during a telehealth counseling session. The most reliable backup is a phone. It is recommended that you always have a phone available before and during your session and that your therapist knows your phone number.

If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes, email me at **yang@lewisvillefamilycounseling.com**. If I do not hear from you, you agree for me to call you at the phone number that you listed in Therapy Appointment during your client registration process. If there is a different phone number I should use, please list that here: _____; this phone number may be added to your Therapy Appointment account. If we are on a phone session and your phone disconnects, I will call you back. If we cannot reconnect, contact me to schedule another session. If this happens as a result of my phone or phone service, and we are not able to reconnect, you will not be charged for the session. If at any time you do not have internet access at your home or private location, you can contact me via e-mail at **yang@lewisvillefamilycounseling.com** to help you locate internet service (if available) that will be appropriate for distance counseling. If no service is found, contact your counselor to schedule your next appointment.

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):

Complaints

If at any time you have any questions or concerns, I encourage you to let me know. In addition, please feel free to contact my supervisors: Jennifer B. Locklear, MS/Ed.S, NCC, LCMHCS, ACS, ICAADC, LCAS, CCS, ICCS, CCH, BC-TMHP, MAC and Dr. Jamie E. Crockett, Associate Professor of Counseling at Wake Forest University, LCMHCA, NCC. Lastly, if you feel that I am in violation of the American Counseling Association Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>) and would like to file a complaint, reports can be sent to the following address:

North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)

Mail: P.O. Box 77819

Greensboro, NC 27417

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

Fax: 336-217-9450

E-mail: LCMHCinfo@ncblcmhc.org

Client Consent to Assessment and Counseling

I have read this Professional Disclosure Statement and Consent to Treatment, had enough 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 Yang Huang. I know that I can end teletherapy/therapy at any time I wish.

Client Printed Name:

Date:

Client Signature:

Date:

Parent/Guardian Printed Name:

Relationship to Client

Parent/Guardian Signature:

Date:

Yang Huang, Graduate Counseling Intern

Date: