

Triad Counseling and Clinical Services, PLLC  
5587-D New Garden Village Way, Greensboro, NC 27410

### **Professional Disclosure Statement**

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#### **My Qualifications**

I received a Master's degree in Counseling from the University of North Carolina at Greensboro in 2016. I completed a Doctor of Philosophy degree, majoring in Sport and Exercise Psychology, at the University of North Carolina at Greensboro in 2020. I am a Licensed Clinical Mental Health Counselor Associate in North Carolina (LCMHCA #A12555) and a Nationally Certified Counselor (NCC #755762). I began counseling in 2014 during my Master's program.

#### **Restricted Licensure**

As I am a Licensed Clinical Mental Health Counselor Associate (LCMHCA), I have a clinical supervisor, Karen Elliot (336-882-2812), who helps in my growth toward becoming a Licensed Clinical Mental Health Counselor (LCMHC). I use an audio recorder to record sessions so that my supervisor can monitor my counseling work.

#### **Counseling Background**

I work with individuals who are seeking counseling services for a range of presenting concerns such as: anxiety, depression, self-esteem concerns, managing emotions, adjustment difficulties, identity development, family/relational problems and sport/athletic concerns. While I have a background in working with undergraduate and graduate level college students, I have been able to gain a wide range of experience and work with a diverse range of populations with ages ranging from adolescence to adulthood. I offer counseling services to individuals who seek assistance in managing and/or responding to life issues.

Included are some ways in which I collaborate with clients to work toward change: building strong therapeutic relationships, aiming to increase client self-awareness, focusing on client empowerment, discussing psychoeducation and techniques for change, discussing barriers to change, building self-encouragement, and discussing maintenance of change. I aim to help clients recognize patterns, understand deeper meanings, and work toward making new patterns. I pull heavily from the following frameworks to achieve these goals. I use Person-Centered, Cognitive-Behavioral, Transactional Analysis, and Solution-Focused Therapy techniques to help clients work toward positive change.

#### **Confidentiality**

All information stated by the client in the counseling relationship is privileged and confidential information. Protecting your confidentiality is very important to me. The following circumstances would allow the release of confidential information:

- **Abuse of Children or Elderly Persons:** If a mental health professional reasonably believes that a child under the age of 18 or an elderly person is being abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.
- **Imminent Harm to Self:** If a mental health professional reasonably believes that you are in imminent danger of physically harming yourself (including significant alcohol and/or drug abuse) and if you are unwilling or unable to follow treatment recommendations, s/he may have to make an involuntary referral to a hospital and/or contact a family member or other person who may be able to help protect you.
- **Imminent Harm to Others:** If a mental health professional reasonably believes that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, and if s/he believes you are an actual threat to the safety of another person, s/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions).

- **Supervision:** As previously mentioned, I have a clinical supervisor who helps in my growth toward becoming a Licensed Professional Counselor (LPC). I use an audio recorder to record sessions so that my supervisor can monitor my counseling work.
- **Court Order:** In rare circumstances Professional Counselors can be ordered by a judge to release information regarding treatment, diagnosis and history.
- In situations where a client maintains an unpaid balance on their account without having made special arrangements, the account will be turned over to the Credit Bureau, resulting in identification as a client.
- In the interest of maintaining confidentiality, I do not participate in social media with clients as I believe it could compromise confidentiality and privacy that would have a negative impact on our therapeutic relationship. I do not text clients and prefer to use email on a limited basis only. You should know that any emails I receive from you and any response I send become a part of your medical record.

### **Explanation of Dual Relationships**

Although sessions are psychologically intimate, the therapeutic relationship is professional, not social. It is critical that the professional relationship be based on respect, safety, and trust. Therefore, it is in your best interest that contact with me be limited to counseling sessions or telephone conversations necessary to your therapy. In order to safeguard boundaries, gifts and social invitations will not be accepted. In addition, in order to protect your privacy, if I see you in a public setting, I will not acknowledge you unless you first acknowledge me. I think it is best that any public discussion be kept to polite interactions. Please do not take offense and know that this policy is an extension of my respect for you and my desire to protect your confidentiality and preserve the integrity of our therapeutic relationship.

### **Length of Sessions/Missed Appointments and Cancellations**

Sessions are a minimum of 38 minutes and can extend as far as 60 minutes in duration and will be scheduled at mutually agreed upon times. If you must cancel your appointment, please do so promptly so that your appointment time may be given to someone else. There is no charge for cancellations at least twenty-four (24) hours in advance. For cancellations made within 24 hours of the appointment, you may be charged. FOR A MISSED APPOINTMENT THAT IS NOT CANCELED, A FULL CHARGE IS MADE. Insurance companies do not reimburse for missed appointments. If no one is available at 336-272-8090 to take your call, please leave a message on our 24-hour voice mail. A recurring problem with “no shows” and/or nonpayment for services may result in termination of services.

### **Therapist Cancellations/Vacations/Client Emergencies**

I will try to make every effort to inform you of the necessity to cancel an appointment as quickly as possible. Inclement weather, illness, or other emergency may require rescheduling and every effort will be made as soon as possible to arrange another appointment. I will inform you at least 1 week in advance of scheduled vacations. When I am out of town or otherwise unavailable, you may leave a message at 336-272-8090 (office). If you have a severe crisis and are unable to contact me, please call the Guilford Center for Behavioral Health and Disability Services at 800-853-5163 (during business hours), 336-641-4993 (after hours), High Point Behavioral Health (1-800-525-9375), Moses Cone Behavioral Health (1-800-525-9375) or the Guilford County Emergency number (911). If you are outside of Guilford County, please call the emergency number for the county where you are.

### **Fees**

Fees for professional services are due at the time of each session. The billable fee for an initial diagnostic interview is \$225.00. Standard fee for each subsequent session is \$175.00 per 38-52 minute session and \$150.00 for sessions that extend past the 52 minutes. If you have any questions about billing or insurance please contact the office. Cash, personal checks, and credit/debit cards are acceptable forms of payment. You will be mailed a monthly statement as a receipt unless you request otherwise.

If I am summoned to court on your behalf you are responsible for paying my hourly fee for any time spent in transcribing records requested by you, time in court, including, but not limited to, travel, and any wait time prior to actual court appearance.

## **Insurance**

Triad Counseling and Clinical Services, PLLC will file insurance claims on your behalf. If you have a deductible it is our policy to collect the entire fee for the session and any subsequent sessions until your deductible has been met. However, once the deductible is met, you are only responsible for your portion of the fee thereafter. If your insurance benefits state that you are responsible for a set copay or coinsurance, you will only be required to pay that amount on the date services are rendered. Should your insurance program have special arrangements, please discuss this with our Insurance Coordinator.

Please remember that my professional services are rendered to you, not the insurance company. In accepting my services you also accept the responsibility of paying for these services should your insurance company pay only a part of the fee or deny the claim altogether. A minimum of 50% co-pay is expected at the time of service if the co-payment is not known.

When insurance is utilized for therapy services, clients should be aware of the limits of confidentiality and the fact that filing for insurance necessarily requires a diagnostic statement to be placed in your insurance records. The forms must be signed by you in order to authorize the release of confidential information. If you wish to be informed of the diagnosis before it is submitted to your health insurance company, please let me know, and I will discuss the diagnosis fully with you. Typically, insurance companies require the following information: diagnosis, dates of service, the kind of service you received (i.e. individual, group, family, etc.), and the name of the client. Some managed care companies require additional information. Thus, you may not have the extent of confidentiality that you might otherwise expect. Signing this agreement authorizes the release of information to your insurance company.

## **Overdue Accounts**

All accounts become overdue after thirty (30) days if no payment or arrangements have been made. I will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with me as past due accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

## **Office Staff**

Our office manager's hours are Monday through Thursday 9:30am to 5:30pm. An Office receptionist for Triad Counseling and Clinical Services, PLLC will be available Monday through Thursday from 9:00am to 7:00pm, and Friday from 9:00am to 5:00pm. Inquiries about accounts and insurance should be directed to either member of the staff.

## **Use of Mind-altering Drugs or Alcohol**

No smoking is allowed in the building. Please do not appear for a session under the influence of any mind-altering drug, including alcohol. Should the situation occur, the therapy session will not take place and you will be charged in full for the session. Such an occurrence may be considered grounds for termination of therapy.

## **Telehealth and Phone Sessions**

Telehealth involves the use of electronic communications to enable the counselor to connect with clients using live interactive video and audio communications. In order for services to be provided via telehealth the "Informed Consent for Telehealth Services" would also need to be reviewed and signed. Standard session fees would apply. Triad Counseling and Clinical Services, PLLC will bill insurance for telehealth services when these services have been determined to be covered by your insurance plan.

Phone sessions are an out of pocket service not billable to insurance that can be provided for consultation purposes, supplement therapy, or when face to face services or telehealth services are unable to be provided.

**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/aca-code-of-ethics.pdf>).

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  
E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

**Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal guardian

\_\_\_\_\_  
Jamian Newton, MS, LCMHCA, NCC

## PATIENT'S RIGHTS & RESPONSIBILITIES

- Patients have the right to be treated with personal dignity and respect.
- Patients have the right to care that is considerate and respects member's personal values and belief system.
- Patients have the right to personal privacy and confidentiality of information.
- Patients have the right to receive information about managed care company's services, practitioners, clinical guidelines, and patient rights and responsibilities.
- Patients have the right to reasonable access to care, regardless of race, religion, gender, sexual orientation, ethnicity, age, or disability.
- Patients have the right to participate in an informed way in the decision making process regarding their treatment planning.
- Patients have the right to discuss with their providers the medically necessary treatment options for their condition regardless of cost or benefit coverage.
- Patients have the right to individualized treatment, including:
  1. adequate and humane services regardless of the source (s) of financial support,
  2. provision of services within the least restrictive environment possible,
  3. an individualized treatment or program plan,
  4. periodic review of the treatment or program plan,
  5. an adequate number of competent, qualified, and experienced professional clinical staff to supervise and carry out the treatment or program plan.
- Patients have the right to participate in the consideration of ethical issues that arise in the provision of care and services, including:
  1. Resolving conflict,
  2. Withholding resuscitative services,
  3. Forgoing or withdrawing life-sustaining treatment, and
  4. Participating in investigational studies or clinical trials.
- Patients have the right to designate a surrogate decision-maker if the member is incapable of understanding a proposed treatment or procedure or is unable to communicate his or her wishes regarding care.
- Patients and their families have the right to be informed of their rights in a language they understand.
- Patients have the right to voice complaints or appeals about managed care company or the care provider.
- Patients have the right to make recommendations regarding managed care company rights and responsibilities policies.
- Patients have the right to be informed of rules and regulations concerning patients' conduct.
- Patients have the responsibility to give their provider and managed care company information needed in order to receive care.
- Patients have the responsibility to follow their agreed upon treatment plan and instructions for care.
- Patients have the responsibility to participate, to the degree possible, in understanding their behavioral health problems and developing with their provider mutually agreed upon treatment goals.