

Jennifer Neil Kiszely-Bressler, MS, LCMHC, NCC, LCAS-A
Office: 5587 D. Garden Village Way, Greensboro, NC 27410
(336)272-8000 Fax: (336) 245-4626

Professional Disclosure Statement Information and Consent

Qualifications

I earned my Master of Science degree in Mental Health Counseling from Nova Southeastern University, Ft. Lauderdale, Florida in 1995. I am licensed by the state of North Carolina Board of Licensed Clinical Mental Health Counselors (#8318.) I have approximately 20 years of experience working in mental health.

Counseling Background

I have provided counseling services to a diverse cross section within the communities in which I have lived and worked. Most recently I have been working with individuals struggling with issues related to life transitions, couples experiencing relational challenges, and individuals with personality disorders and their loved ones, as well as providing guidance and support for families of those diagnosed with attention deficit and hyperactivity disorder. I also have significant experience in providing therapy services for those suffering from mood and anxiety disorders, persistent mental illness, as well as bereavement counseling, and those struggling with workplace issues.

Therapeutic Process

My process begins by assisting my clients in formulating a plan for finding relief from their current emotional pain, and setting goals for helping them get on a path they can feel good about. Superior therapy is dependent on the quality of the relationship between therapist and client. I treat my clients the way I want to be treated by my health care providers, with respect for their time, a warm personality, and a positive attitude. An integrative approach is utilized, selecting from CBT, Interpersonal and Existential theories. Mindfulness, Motivational Interviewing Skills and DBT-informed care techniques may be called upon as appropriate for client's goals and plan of care. Creating positive change and finding relief from emotional pain requires attention and commitment on the part of the client both in and outside of our sessions together. As with worthwhile endeavors, it is essential you be aware there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable feelings such as sadness, guilt, fear, anxiety, anger or frustration, or having difficulties in relationships. Some clients find the therapeutic process inspiring them to create significant change in their lives (for example changes in employment, beginning or ending relationships with others). Some changes may lead to what appears to be worsening circumstances or even losses (for example, counseling will not necessarily keep a relationship intact). While it is impossible to guarantee any specific results regarding your counseling goals, you can count on me to assist you in working toward these goals.

Fees and Insurance Filing

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. As a courtesy, 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 contracted rate 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 make Ms. Kiszely-Bressler aware of this, and she 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.

Self-Pay fees for professional services are due at the time of each session. 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, time in court, including, but not limited to, travel time, meals, and any wait time prior to or in lieu of actual court appearance. Please be aware that Insurance will not pay for court appearances.**

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.

Therapist Cancellations/Vacations/Client Emergencies

I will make every effort to inform you if I need to cancel an appointment. In the event of inclement weather, illness, or other emergency, we may reschedule for another suitable time. I will inform you at least one week in advance of scheduled vacations. If I am out of town, you may leave a message for me 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.

Office Staff

Carla Bland is the Office Manager for Triad Counseling and Clinical Services, PLLC. Her office hours are Monday through Thursday 9:00am to 4:30pm. 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.

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. I do not accept “friend” or other requests to connect through social media.

Use of Diagnosis

I accept most major health insurance. It is important you be aware that most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse me (on your behalf) or you depending on our mutually agreed upon arrangement. When a 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. ****It is for this reason you should be made aware as a prospective client that there are significant advantages to paying privately (not utilizing healthcare coverage) if you prefer to use an abundance of caution with regards to the privacy and permanency of your medical record. ****

Confidentiality

As a therapist I value the therapeutic relationship, as it is my belief that it is through the quality of our relationship you will feel supported and safe to collaborate with me, and find a path to relief from your emotional pain. There are only two reasons whereby it may be beyond my control to keep client information completely private. First, if I determine you may be a threat to harm yourself or someone else, and secondly if I suspect elder or child abuse, and third if I am court ordered to testify. I am required by law and the ethical code of my profession to report any abuse to the State of North Carolina Department of Social Services. The only other reason is rarely, counselors are called upon by court order to testify any may then be asked to release information shared within our therapy sessions. All of our communication becomes part of the clinical record, which is accessible to you upon request. In all other circumstances, you can expect complete confidentiality from me. I will not be sharing your diagnosis or treatment, background, or identifying you as a client without your written consent by way of my release of information form. I do at times collaborate with other therapists on cases in which I determine consultation would be beneficial for your therapeutic experience, as well as for my continued growth and expertise. It is imperative you know you will not be identifiable in these consultations/collaborations, as no information will be disclosed that could reveal your identity.

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-ethic.pdf>).

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417 Phone: 844.622.3572 Fax: 336.217.6007 E-mail: Complaints@ncblpc.org

Printed name of client or child

Date

Signature of Client or Legal guardian

Signature of Counselor

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 the 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 companies 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.