

**Jodi Herring, MA, LCMHC**  
Triad Counseling and Clinical Services, PLLC  
1623 York Ave, Suite 104  
High Point, NC 27265  
Phone: 336-882-2812 Fax: 336-882-8632

Professional Disclosure Statement  
(Information and Consent)

**Qualifications:**

Ms. Herring earned her Master of Arts degree in counseling from Liberty University in Lynchburg, Virginia in October 2014. She then became licensed in the state of North Carolina as a licensed clinical mental health counselor (NC LCMHC LCMHC #11071). Prior to her master's work, she obtained her Bachelor of Arts degree in Recreational Therapy in 1990 from The University North Carolina at Greensboro. She has worked for over twenty years, working with a variety of populations and presenting issues.

**Counseling background:**

Ms. Herring has experience working with children, adolescents, adults, and families. Jodi Herring has worked in both community and clinical based settings with a broad view of behavioral health issues. Much of her clinical experience consists of working with individuals struggling with anxiety and/or depression, trauma, adjustment issues, stress management, body image, and grief and loss issues.

Ms. Herring has been trained in the use of dialectical behavior therapy (DBT), cognitive behavior therapy (CBT), Trauma Focused Therapy, and Problematic Sexual Behavior. Jodi Herring strives to adapt her counseling approach and techniques to best serve the needs of each client, while always utilizing evidence-based modalities.

**Session fees and length of service:**

Services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are a minimum of 38 minutes and can extend as far as 55 minutes in duration and will be scheduled at mutually agreed times. If you must cancel your appointment, please do so promptly so that the appointment time may be given to someone else. There is no charge for sessions cancelled at least twenty-four (24) hours in advance. **For a cancellation made within twenty-four hours of the appointment, you may be charged.** For a missed appointment which is not cancelled, a full charge is made. Insurance companies do not reimburse for missed appointments. If no one is available to take your call, please leave a message at (336) 882-2812. Messages can be received 24 hours a day.

The billable fee for an initial diagnostic interview is \$225.00. Standard fee for each subsequent session is \$175.00 and \$150 for sessions with the duration of 38-52 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 of 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 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 the professional services are rendered to you, not the insurance company. In accepting 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% copay is expected at the time of service if the co-payment is not known.

Self-pay fees for professional services are due at the time of each session. 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.

**Office Staff:**

Tori George is the Office Manager for the High Point office. Her office hours are Monday through Friday 9:00 am to 4:00 pm. Our Greensboro office has an office receptionist for Triad Counseling and Clinical Services, PLLC available Monday through Friday 9:00 am to 5:00pm. Inquires about accounts and insurance should be directed to either member of the staff.

**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 a mental health condition and indicate that you must have an "illness" before they will agree to reimburse. Some conditions for which people seek counseling do not qualify for reimbursement.

**Confidentiality:**

All communication between a counselor and a client becomes part of the clinical record, which is accessible to clients upon request. Ms. Herring will keep confidential anything a client says as part of the counseling relationship, with several exceptions. For example, there are some situations in which a counselor is legally obligated to take action to protect individuals from harm, even if the counselor must divulge information about a client's treatment. These

exceptions include: (a) the client consents in writing to disclose information to someone else, (b) it is determined that the client is a danger to self or others, (c) the counselor has reason to believe a child, elderly, or disabled person is being abused or neglected, or (d) the counselor is ordered by a court to disclose information.

**Complaints:**

Although clients are encouraged to discuss any concerns with Ms. Herring directly, you may file a complaint against her with the organization below should you feel she is in violation of any of the se codes of ethics. Ms. Herring abides by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of License Clinical Mental Health Counselors P.O. Box 77819  
Greensboro, NC 27417 Phone: 844-622-3572 or 336-217-6007 Fax:336-217-9450 Email:  
Complaints @ncblcmhc.org.

**Acceptance of terms:**

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

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Jodi Herring, MA, LCMHC

\_\_\_\_\_  
Date