

Sara DeHart Young, MS, LCMHC, ATR  
TRIAD COUNSELING AND CLINICAL SERVICES, PLLC  
5587 Garden Village Way, Greensboro, NC 27410  
336-272-8090 FAX: 336-272-0094

Professional Disclosure Statement  
Information and Consent

Thank you for choosing me as your counselor. I am honored to have this opportunity to work with you and/or your family. I hope you will take the time to review the following information for a better understanding of what to expect in our professional counseling relationship.

This document is designed to inform you about my background, our professional relationship, your rights as a client, and policies and procedures. I encourage you to voice any expectations and/or concerns that you may have at any time while we're working together. An important factor in the success of the therapeutic process is open communication, so please do not hesitate to ask. As a therapist I have documented expertise in mental health treatment, but please remember that your feedback, input, and opinions are very important to me. Please feel free to share your honest reactions about treatment with me. If you believe that therapy is not proving helpful, you have the right to terminate services. You also have the right to, and I am happy to provide, a list of referrals to other treatment providers.

**Education and Experience**

I hold a Masters of Science (MS) degree in Art Therapy from Eastern Virginia Medical School (EVMS), which was awarded to me in 1993. I have been a practicing counselor since 1993 and have been a Nationally Certified Counselor (NCC #37290) since 1995, a Registered Art Therapist (ATR # 00-007) since 2000, a Licensed Professional Counselor in the state of Mississippi (LPC # 1021) from 2003-2009, and a Licensed Clinical Mental Health Counselor in North Carolina (LCMHC # 7310) since March of 2009.

**The Therapeutic Process**

Therapy is a process of solving emotional problems with a person professionally trained to help you achieve clarity, insight and problem solving skills you need to attain a more fulfilling life. This process of change will in many ways be unique to your particular situation. It is very important that we establish clear goals within the first several sessions so that we can see your progress. We will try to review these goals regularly. It is important to note that working towards these goals is a collaborative process. It is my belief that, as a therapist, I am here to support, encourage and suggest ways in which you can successfully reach your goals, however you are the only one who can actually make the changes that will necessarily be part of achieving greater emotional health. It is important for you to know that sometimes participation in psychotherapy involves the exacerbation of symptoms, however, over time, you should see improvement. It is my sincerest hope to help you/your family meet your goals as quickly as possible. For some clients this will only require that we meet a few times. Others may require more long-term involvement. Your active participation in the therapy process is necessary for progress to be made and sessions may occur weekly, biweekly or monthly. Your promptness for these sessions will allow you to take full advantage of these appointments.

**Professional Services**

My services include individual, couples, family and group counseling with adults, adolescents and children. My training in individual, couples and family counseling is in the areas of anxiety and depressive disorders, eating disorders, co-dependency and other relationship issues, victimization/trauma issues, grief and loss issues and developmental transitions. My therapeutic approach reflects eclectic influences derived from my training in the psychodynamic, person-centered, family systems, cognitive-behavioral, and Gestalt theories of counseling, as well as the incorporation of evidenced-based Art Therapy and play therapy techniques as appropriate. I view problems as generally being developmental in nature, and approach each person, couple, family or group in a unique fashion. If for any reason I do not believe I have the experience or training necessary to work with your particular situation, I will refer you to another mental health professional that is prepared to work more effectively with your presenting concerns.

## Confidentiality

Protecting your confidentiality is very important to me. Your case records will remain safely locked at all times and will not be disclosed to anyone, including another professional or family member, without your express written consent.

As your therapist I will not disclose confidential information about you or your family to anyone else except in the following situations:

- **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).
- **Peer Supervision:** In order that I may provide you with the best services possible, and in accordance with professional ethics, I may, at times, participate in peer supervision/consultation with other Licensed Professional Counselors (LPC's) so that I may receive feedback about treatment strategies and other ways in which I may be most effective as your counselor. Please note that even in these colleague consultations I will not reveal your identity without your express written consent.
- **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.

## 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. It is not appropriate to extend social invitations or gifts to me or ask me to relate to you in any other way outside the professional context of our therapy. These limits are designed with your welfare in mind and allow for all efforts to be directed toward your therapeutic concerns only. In addition, because we often live in the same community, 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.

## Social Media Policy

I do not have a professional Facebook or Twitter account nor do I blog. I do not accept friend or contact requests from current or former clients on my personal Facebook or Linked In as I believe it could compromise confidentiality and privacy which would have a negative impact on our therapeutic relationship. I do not text clients and prefer to use email on a limited basis as it is not a completely secure or confidential means of communication. You should know that any emails I receive from you and any response I send become a part of your medical record.

## Length of Sessions/Missed Appointments and Cancellations

Services will be provided 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 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 voicemail. 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 necessitate 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 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 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. Young 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. Ms. Young will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with Ms. Young because past due accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

### **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 drugs, 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.

**Complaint Procedures**

If you are dissatisfied with any aspect of your counseling with Ms. Young, please inform her immediately. If you think you have been treated unfairly or unethically, by Ms. Young or any other counselor, and you have been unable to resolve the problem by speaking with Ms. Young first, you can contact the North Carolina Board of Licensed Professional Counselors with any issues: By mail : PO BOX 77819, Greensboro, NC 27417 Phone: 844-622-3572 OR 336-217-6007 Fax: 336-217-9450

If you have any questions, please discuss them with Ms. Young. To indicate that you have read and understand the information presented to you, please sign and date this form in the space provided below. A copy for your records will be returned to you, and one will be kept by this office in your confidential records. Additionally, your signature below confirms that you have a copy of Patient Rights & Responsibilities which is located on the back of this statement.

\_\_\_\_\_  
Printed name of client or child

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Sara DeHart Young, MS, LCMHC, ATR

## 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 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.