

Licensed Clinical Mental Health Counselor Professional Statement

Donna R. Hood, M.Ed., M.A.Ed., LCMHC, NCC, CRT
Triad Counseling and Clinical Services PLLC
Office: (335)272-8090
Fax: (336)272-0094

Ms. Hood is pleased you have selected her as your counselor. The following information is designed to inform you of her background and to ensure your understanding of the nature of the professional therapeutic relationship, your rights as a client, and office policies and procedures. Please read the following document to achieve mutual understanding about the counseling services provided. Ms. Hood will clarify information or answer concerns at any time throughout the counseling relationship and thereafter.

QUALIFICATIONS: Ms. Hood holds a Master of Education in Agency Counseling with a concentration in Marriage and Family from the University of North Carolina at Greensboro, awarded in 1994. She holds a Bachelor of Science in Child Development and Family Relations and a Master's in Special Education with a concentration in Human Development from East Carolina University, awarded in 1975 and 1978. She is a Licensed Clinical Mental Health Counselor (LCMHC #2270) a National Certified Counselor (NCC # 43065) and a Certified Reality Therapist (CRT # 950227). Ms. Hood has provided counseling services in the Greensboro/Triad area for twenty-seven years.

COUNSELING BACKGROUND AND PROFESSIONAL COUNSELING SERVICES

Ms. Hood has provided cancer support, psychiatric assessments in Emergency Rooms/Departments, and psychiatric inpatient, partial hospitalization, intensive outpatient and private practice services. She has extensive experience teaching coping skills with individuals and groups.

She has worked with a diverse group of clients, serving persons across the lifespan. She has expertise diagnosing and providing treatment to persons presenting with symptoms of Attention-Deficit-hyperactivity Disorders, Autism Spectrum Disorders, Phobias, and Mood Disorders, to include Depressive Disorders, Bipolar Disorders, and Anxiety Disorders. She has extensive experience providing counseling to individuals, couples and families who are navigating life adjustments. She has experience providing counseling support to members of the LGBT community. Her therapeutic orientation is eclectic and adapted to the needs of each client, while primarily drawing on theories and interventions from Dialectical Behavior Therapy, Reality Therapy, Solution Focused Therapy and Play Therapy, with an emphasis on respect for each individual and their family system.

Ms. Hood strives to create a safe, accepting, and comfortable environment to facilitate opportunities for growth in self-awareness and self-acceptance. Therapy sessions will prioritize working together to set goals which will be assessed and revised throughout the counseling process.

Counseling invites your active involvement to explore efforts to change your thoughts, feelings and behaviors. In addition to working in counseling sessions, you may be offered a variety of homework assignments, based upon your preferred approach to learning.

As with any powerful intervention there may be risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings such as sadness, guilt, fear, anxiety, anger, frustration and/or having difficulties in relationships. Some changes may lead to what appears to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage intact nor prevent job loss.) It is impossible to guarantee any specific results regarding your counseling goals. Ms. Hood will work with you to achieve the best possible result for you.

If for any reason Ms. Hood does not believe she has the experience or training necessary to work with your difficulty or situation, she will refer you to a mental health professional who is prepared to work with your concerns.

CONFIDENTIALITY

Ms. Hood respects your confidentiality. She will keep confidential anything you or your child says as part of the counseling relationship. In accord with professional ethics, she may consult with peers about aspects of certain cases. Ms. Hood will not reveal your identity during colleague consultations without your written consent.

Ms. Hood will only identify you as a client in the following situations: (a) If you have given signed consent for her to discuss your case with another professional, family member, specified individual and/or health insurance company; (b) if you report to her an imminent intention to seriously harm yourself or someone else; (c) if she is ordered by a court to disclose information; (d) if you reveal to her ongoing physical or sexual abuse or neglect of children, the elderly, or disabled persons. In these latter situations, appropriate agencies will be notified.

Also, when a client maintains an unpaid balance on their account with TCCS without having made special payment arrangements, their account will be turned over to the Credit Bureau, resulting in their identification as a client. Otherwise Ms. Hood will not reveal the fact that you are a client or anything about your treatment history.

In the interest of maintaining confidentiality, Ms. Hood does not participate in social media interactions with clients. This limit is established to avoid the risk of compromising 1) client confidentiality, 2) privacy, and 3) potential negative impacts on the therapeutic relationship. Ms. Hood will abstain from texting clients except with their consent and without including information that identifies the patient by name.

She will be available for brief phone consultations (up to 10 minutes) which are necessary to coordinate and support the counseling relationship. She will send and receive emails, on a limited basis, if preferred by the client. Please be aware that emails and texts are not secure/confidential means of communication. Emails received from or sent to the client become part of the medical record.

Our communications become part of the clinical record which is available to you upon your request. When dealing with the medical records of children whose parents share custody or have custody disputes, Ms. Hood will discuss with you your request for the medical record and how its release will meet the needs of your child.

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. It is in your best interest that contact with Ms. Hood be limited to counseling sessions and telephone conversations necessary to you or your child's therapy. Ms. Hood requests that you refrain from giving her gifts and/or social invitations. Ms. Hood asks for your cooperation with establishing treatment boundaries which focus exclusively on meeting your therapeutic needs during therapy sessions and contacts as defined in this professional disclosure.

THERAPIST CANCELLATIONS/VACATIONS/CLIENT EMERGENCIES

Ms. Hood will contact you as quickly as possible should she need to cancel an appointment. In the event of inclement weather Ms. Hood will provide an updated voice mail message to inform you of whether she will be in the office. She will also contact you by phone prior to your scheduled appointment to discuss her availability and adjust your appointment as needed. Ms. Hood will try to inform you of her vacations at least one week in advance. When she is out of the office for an extended period, she will arrange for other therapists to be available for client emergencies. They may be reached at (336) 272-8090. You may reach Ms. Hood on a routine basis by calling the Greensboro Office at (336) 272-8090 and leaving her a voice mail on her extension (26). If you have a severe crisis and are unable to contact a therapist please call Moses Cone Behavioral Health in Greensboro at (336) 832-9700, Hight Point Behavioral Health at (336) 878-6098 or the Guilford County Emergency number (911). Persons experiencing suicidal ideation/thoughts may also call 1-800-273-8255 and/or the mobile crisis team at 1-877-626-1772 (in all counties).

Initials: _____

LENGTH OF SESSIONS AND FEES/MISSED APPOINTMENTS/CANCELLATIONS

The fees for professional services are due when the services are rendered. Intake diagnostic sessions will be 60 minutes (\$225.00); follow-up sessions will be 53 to 60 minutes (\$175.00); 38 to 52 minutes (\$150.00) or 20 to 38 minutes (\$80.00). They will be scheduled at mutually agreed upon times. If you must cancel your appointment, please do so promptly so the appointment may be given to someone else. There is no charge for sessions cancelled at least twenty-four (24) hours in advance. Cancellation made within twenty-four hours of the appointment, 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) 272-8090 EXT #1. MESSAGES CAN BE RECEIVED 24 HOURS A DAY.**

If I am summoned to court on your behalf, you are responsible to pay the hourly rate listed above. This includes, but is not limited to, time spent transcribing records, appearing in court, travel time, meals and wait time preceding the court appearance.

METHODS OF PAYMENT

Payment may be made via cash, check or credit card. You will be provided a receipt for payment when you are in the office. A statement will be mailed to you monthly as a receipt. You may call the office to make a payment on behalf of your teenage child if they are driving themselves to a follow-up appointment.

USE OF DIAGNOSIS AND INSURANCE

Some health insurance companies will reimburse clients for counseling services and some will not. Most health insurance companies will require the submission of a mental health diagnosis before they agree to reimburse you or your mental health provider. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case Ms. Hood will inform you before submitting it to the health insurance company. Any diagnosis will become part of the medical record.

If you are in doubt about coverage, please contact your insurance company. If you have a co-pay, you are expected to pay at the time of service. A minimum of 50% of charges is expected at the time services are rendered if the co-payment is not known. If you wish to have our office file for insurance reimbursements to go directly to your account with us, we will be glad to handle this for you. If you prefer to file for insurance reimbursements to be paid to you instead, you will need to pay the full fee at time of service. Should your insurance program have special arrangements, please discuss them with Ms. Hood. We will make every effort to work with your situation.

EAP BENEFIT PROGRAM

Ms. Hood participates in numerous Employee Assistance Benefit Programs. Each program has specific policies which will be provided to you by your EAP case manager upon referral. Your clinical record is available to you upon your request via completion of a consent for release of information. Due to the special and limited nature of EAP benefits Ms. Hood cannot be involved with any legal, medical, or disability issues, including completion of additional documentation related to those issues, other than providing you with a copy of your medical record upon your request.

Initials: _____

OFFICE STAFF/ACCOUNT INQUIRES/PROVIDER SCHEDULE

Carla Bland is the Office Manager for Triad Counseling and Clinical Services, PLLC. The **business** office hours are 9:00 am to 4:00 pm, Monday through Thursday. Inquires about accounts and insurance may be directed to Debora Williams in the Greensboro office. Reception staff are available to answer the phones Monday through Friday. Their hours may vary but are usually between 9:00 am and 5:00 pm. Ms. Hood provides therapy appointments between 10:00am and 7:00pm Monday through Thursday. Friday appointments are available on an as needed basis.

SMOKING/USE OF MIND-ALTERING DRUGS OR ALCOHOL

No smoking is allowed in the building. Clients are requested to operate motor vehicles while able to do so in a safe manner and to abstain from coming into therapy sessions while impaired.

TERMINATION OF TREATMENT

It is the goal of most therapeutic relationships to work toward attainable goals which eventually lead to the termination of treatment. Patients may also choose to cycle in and out of treatment based upon their needs over time. Having attained a desired level of progress clients may request to change their follow-up plans to an as needed basis. The goals of therapy will be continually assessed and at a time agreed upon in the therapy process, termination of treatment may be planned. Also, you may choose to terminate therapy at any time. Saying goodbye to a therapeutic relationship can be difficult though it may be an opportunity for practicing your coping skills and receiving support from Ms. Hood, your professional counselor.

If you decide to discontinue therapy without notice, Ms. Hood will call you to follow up. If you do not return her calls, your file will be closed.

COMPLAINTS

Ms. Hood abides by the Code of Ethics for Licensed Mental Health Counselors (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>). If you think Ms. Hood has violated the Code of Ethics for Licensed Clinical Mental Health Counselors, you may contact the North Carolina Board of Licensed Professional Counselors to file a complaint:

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

We agree to these terms and will abide by these guidelines

Client/Guardian

DATE

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DATE

