

Jamie E. Crockett, Ph.D., LCMHCA, NCC
Triad Counseling and Clinical Services, PLLC 5587 D
Garden Village Way | Greensboro, 27410
Office: 336-272-8090 | Fax: 336-272-0094

Professional Disclosure Statement *“Authentic change occurs more from being who we are than from trying to be who we are not.”*
– Gerald Corey paraphrasing Arnie Beisser

Thank you for the opportunity to work with you and build a therapeutic relationship of mutual respect, trust, and authenticity. The purpose of this document is to inform you about my background, the therapeutic relationship and your rights and responsibilities as a client. If you have further questions today or in the future, please discuss your questions or concerns as they arise. Since I work under supervision, my supervisor, Katherine H. Glenn, Ph.D., LCMHC- S, NCC, MAC, monitors our counseling sessions. Please see the sections below on confidentiality and the document regarding consent for audiotaping. If I am incapacitated in some way, Dr. Katherine H. Glenn will act as the custodian of my client’s records and will take necessary steps to maximize continuity of care for my clients.

As a client with Triad Counseling and Clinical Services, PLLC, you have the right to professional counseling services consistent with the standards of the American Counseling Association (ACA). You have the right to understand the professional training and credentials of your counselor (see below). You have the right to individual privacy, dignity, and compassion. You will not be discriminated against on the basis of race, ethnicity, religion, gender, nationality, age, sexuality, socioeconomic status, or ability. (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>)

My Qualifications:

I completed my Master’s degree in Clinical Mental Health Counseling in May 2011, and I completed my doctoral degree in Counseling and Counselor Education at the University of North Carolina at Greensboro (UNCG) May 2014. I am a National Certified Counselor (NCC#283515), and am a North Carolina Licensed Professional Counselor Associate (LCMHCA#A9026), and am pursuing Licensure as a Professional Counselor (LCMHC) in North Carolina (NC). I have been a full-time faculty member in the Department of Counseling at Wake Forest University since July 2014.

I am qualified to counsel individual adolescents and adults, couples, families, and groups under the supervision of an appropriately credentialed supervisor. I have been counseling clients since January 2010. I have advanced training in a variety of theoretical approaches and counseling interventions. I also have training in mind-body-based approaches including mindfulness, yoga, breathwork, and peripheral biofeedback.

Counseling Philosophy and Approach:

As a client in the counseling process, you are the expert on yourself. You play the lead role in working to reconcile your concerns. Some clients need a few counseling sessions to work on their presenting concerns and achieve their goals, while others may require months or years of a counseling relationship. To best serve your unique needs the frequency and number of sessions will be discussed in our first meeting, and evaluated ongoing as needed.

My theoretical orientation includes Attachment Theory and Developmental Counseling and Therapy. I also draw on conceptualization and interventions from a variety of other theories and treatments. Some of my goals as a counselor are to foster the therapeutic relationship, understand your cognitive style, focus on the here-and-now, learn about your unique perspective, and create a safe space for you to be fully yourself. Some of our overarching therapeutic goals may include increasing self-awareness, developing healthy relationships, developing healthy coping skills, developing sensory awareness, and investigating emotions, thoughts, and beliefs. I view counseling as a vehicle for promoting holistic health including but not limited to cognitive, emotional, social, spiritual, and physical aspects of wellness.

I have had the opportunity to read and discuss the information provided on this page (initial)_____

Depending on your needs, I may introduce techniques including but not limited to neuro-informed psychoeducation, mind-body awareness exercises, breath exercises, mindfulness exercises, affirmations, relaxation techniques, biofeedback, creative visualization, role-play exercises, self-reflective activities, shame-attacking exercises, journaling, self-observation, and more. We will collaborate to find what is most helpful for you including out-of-session activities, “homework.”

Though we will attempt to work toward positive outcomes, there is no guarantee of positive outcomes in the counseling process. There are important risks and challenges to be aware of in counseling. Though the hope is that you will see improvement, it is important for you to know that sometimes participation in counseling involves the exacerbation of symptoms. Simply put, clients often feel worse before feeling better. You may discover that you have painful thoughts or feelings about people or situations of which you were previously unaware. You experience something, or have had experiences in the past, that require reconciliation, and sometimes that process can be difficult, uncomfortable, and tiring.

This discomfort is partially responsible for “resistance” that many clients experience at various stages of counseling. Resistance is usually a healthy, normal response to potential change, often signaling an opportunity for growth and healing. For instance, resistance may show up as thoughts like “I am too busy”, “I can’t change anything” or “This is just the way I am”. In choosing to acknowledge resistance, you choose to expand your opportunities for healing and growth.

Therapeutic Relationship

Throughout the counseling process, we will work together to evaluate our progress, discuss your experience of the process, and to work toward goals and desired counseling outcomes. Though the therapeutic relationship is an intimate one, our relationship is entirely professional. You will be best served in counseling by a strictly professional therapeutic relationship, and with sessions that focus exclusively on your goals and concerns. I do not engage with clients socially nor participate in social media of any kind, as I believe it could compromise confidentiality and privacy that could have a negative impact on our therapeutic relationship. I do not text clients and prefer to not to use email. Email 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. I request that you limit contact to the methods outlined in the availability section below.

As further protection of you and the therapeutic relationship, please do not 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. Also, because we may 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 brief and unrelated to your treatment. 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.

My Availability

I am available at Triad Counseling and Clinical Services, PLLC, during limited weekday hours and am unavailable nights, weekends, and during some holidays or breaks. I can be contacted exclusively through Triad Counseling and Clinical Services, PLLC. For non-crisis communications, you may leave messages for me at (336) 272-8090, and they will ensure I receive your message. I will respond to your message in a timely manner, typically within 3 business days. We may use email for scheduling purposes only. Please do not send private or confidential information via email. If you experience a crisis or a mental health emergency, please immediately call 911 and/or go to a nearby hospital emergency room. Local options include the Guilford Center for Behavioral Health and Disability Services at 800-853- 5163 (during business hours) or 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.

I have had the opportunity to read and discuss the information provided on this page (initial)_____

Schedule, Fees, and Payment:

Payment is due at the time of services. The billable fee for an intake session is \$225.00. 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. The billable fee for a standard 38-52 minute session is \$150.00. Sessions that extend past 52 minutes in duration will be billed at \$175.00. If you have any questions about billing or insurance, please contact the office. We accept cash, check, and credit card payments.

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 made more than twenty-four (24) hours in advance. For a cancellation made within 24 hours of the appointment, or if the appointment is missed with no notice of cancellation, you will be charged for the appointment. 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 hours voicemail. A recurring problem with late notice cancellations, "no shows", and/or nonpayment for services may result in termination of services. I understand that there may be a rare time where you need to call me between sessions. If your call is more than 15 minutes or a combination of calls is more than 15 minutes, you will be charged on a prorated basis relative to the hourly fee originally agreed upon. Insurance companies do not reimburse for calls.

If I am summoned to court on your behalf, you are responsible to pay the agreed upon hourly rate for any associated time and efforts. This includes, but is not limited to; time spent transcribing records, in court, travel, meals, and any wait time preceding the actual court appearance. Insurance will not pay for court appearances.

If I need to cancel I will 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 to reschedule within one week. 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).

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.

Insurance - If you have insurance and wish to file, 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 co-pay or co-insurance, 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 amount is not known.

When insurance is utilized for therapy services, clients should be aware of the limits of confidentiality and that insurance 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 me aware of this, and we will discuss the diagnosis. Typically, insurance

I have had the opportunity to read and discuss the information provided on this page (initial)_____

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, in some cases a complete case file may be required. Thus, when filing insurance 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 our primary office staff because past due accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

Primary Office Staff

Our office staff have a variety of duties including scheduling and billing. Office staff have access to some of your private health information including your name, billing information, diagnosis, dates of service, the kind of service you received.

About Confidentiality and Records:

All counseling services at Triad Counseling and Clinical Services, PLLC, are provided in compliance with NC confidentiality laws, the NC Board of Licensed Professional Counselors and the ethical standards of the National Board of Certified Counselors, and the American Counseling Association. Everything discussed in counseling sessions is voluntary and confidential. Our communications become part of your clinical record, which may be accessible to you upon request. At Triad Counseling and Clinical Services we use a combination of physical and electronic clinical records. All physical records are stored in a secure on-site location. All electronic records are stored in a secure on-line platform. These records include but are not limited to contact record, case notes, diagnosis, and copies of all new client forms. The information you share is considered to be confidential and will not be shared with anyone outside Triad Counseling and Clinical Services, PLLC, without your written consent, with the following exceptions:

- Evidence of possible abuse or neglect of a minor or dependent adult,
- Evidence of possible danger to the client or identified others,
- Evidence of possible danger of contagion of life-threatening diseases,
- A court order for disclosure,
- Involvement of a DSS worker or guardian ad litem, and
- A request for information from the parent of a minor.

Please note that in sessions with multiple clients (e.g., couples, families, groups) confidentiality cannot be guaranteed. Also, 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.

About Diagnosis:

If a diagnosis is therapeutically necessary, I will talk with you about your concerns and make a diagnosis to help aid in treatment. A diagnosis is required for third-party reimbursement. Some conditions for which people seek counseling do not qualify for third-party reimbursement. Only if a qualifying diagnosis is appropriate in your case, will I submit a diagnosis to the health insurance company. Diagnosis has limits and is only a description of behavior. Further, psychiatric diagnoses may differ between clinicians and clinical settings. Any diagnosis made will become part of a client's medical records. Diagnoses are not evidence of a brain defect, genetic defect, or chemical imbalance (unless a true brain disease process exists, e.g., Alzheimer's, tumor, stroke, etc.). It is important to emphasize that I am not a medical doctor and do not prescribe medication. If warranted, a referral to a physician or a nurse practitioner will be made upon request and consultation. Please talk with me about any questions or concerns you have about your diagnosis.

I have had the opportunity to read and discuss the information provided on this page (initial)_____

Referrals and Complaints:

While it is not possible to guarantee any specific results regarding your counseling outcome and goals, we will work together to try to reach your goals and achieve a positive result. If we determine that progress is not forthcoming or if different or supplemental services are in your best interest, we will discuss referral to another counselor or service. If you are dissatisfied or concerned with any aspect of the counseling process, please inform me so that we can address your concerns. You may also contact my supervisor, Dr. Katherine H. Glenn at Triad Counseling and Clinical Services, PLLC, 336-272-8090. If your concerns remain unresolved, you may contact the 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 or E-mail: Complaints@ncbLCMHC.org

Consent for Services:

I, _____, give permission for counseling services by Jamie Crockett at Triad Counseling and Clinical Services, PLLC. I understand that the individual providing services is an LCMHCA under the supervision of appropriately credentialed counselors. I understand that any conference, evaluation, or relevant information concerning my counseling services may be observed by and/or discussed with the appropriate supervisor(s).

Client Signature

Jamie E. Crockett, PhD, LCMHCA, NCC

Date

Date

I have had the opportunity to read and discuss the information provided on this page (initial)_____