

Michelle Barrett-Hilton, MSW, LCSW

Triad Counseling and Clinical Services, LLC

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LCSW Professional Disclosure Statement

Educational Background/Qualifications

I received a Bachelor of Arts in Psychology from Duke University in 1995 and a Master's in Social Work from the University of South Carolina in 1998. I have been serving children, adults, and families as a social worker for over twenty years. I was first licensed as a clinical social worker in Tennessee in 2003 (License #0000004372) and remained licensed in Tennessee until 2015. I received my North Carolina Licensed Clinical Social Worker qualification in 2014 (License #C009066) through the North Carolina Social Work Certification and Licensure Board (NCSWCLB).

I have worked in a number of settings with a variety of client populations over my years as a clinical social worker. My most recent work experience is as a Clinical Social Worker for Moses Cone serving children's inpatient medical services. I have over twelve years of experience as an outpatient therapist, with seven of those years working for an integrated community mental health clinic and five years as a private practice provider. Additional work experiences include: residential treatment center counselor, community prevention and education specialist, and medical social worker serving adults. I have worked in schools, community centers, medical outpatient offices, behavioral health outpatient offices, and hospital settings.

The focus of my past experiences has been in working with children and families. I have treated children, adolescents, and adults. I have particular training and experience in trauma treatment and was selected to be among the first cohort of therapists in Tennessee to receive intensive training in Trauma-Focused Cognitive Behavioral Therapy (2006). I have experience and training in treating: trauma, depression and anxiety (including post partem mood and anxiety disorders), issues of grief and loss, sexual and physical abuse, domestic violence, relationship issues, and issues related to adjustments and life transitions. If I feel that I am unable to competently serve your specific needs, I will refer you to another provider who can better accommodate your treatment needs and goals.

Counseling Background

I understand and honor that seeking treatment is a big step for any individual, parent, family, or couple. I am here to meet my clients where they are and to offer compassionate support as you work toward your goals. My services are always client centered, with your needs at the center of all that I do. I utilize a variety of techniques, from art and play therapy, to family systems, solution focused and cognitive

behavioral methods. I also understand that while counseling offers tremendous benefits, there are also risks that must be considered. Openly discussing life's challenges can lead to a host of feelings: sadness, anger, confusion, shame and loneliness. It is my duty to walk with you through these hard places and to offer you the support needed to help you achieve the healing and growth that will lead to your best self. In order to achieve your personal goals and the most benefit from therapy, you must be invested in the process of change and be willing and committed to the work required. Counseling gives clients a safe space to process the difficult thoughts, feelings, and experiences that can get in the way of one's goals.

Description of Services Offered

My services include individual, couples, family, and group counseling with children, adolescents and adults. My therapeutic approach is multi-faceted and targeted to the individual needs of each client. I may utilize a variety of theoretical frameworks and therapy techniques such as cognitive behavioral therapy, solution focused therapy, family systems work, art and play therapy, as well as behavior modification and parent educational plans.

Confidentiality

Protecting your confidentiality is very important to me. Your case records 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 Clinical Social Workers (LCSW'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 Licensed Clinical Social Workers 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.

In the interest of maintaining confidentiality, 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.

I do not accept friend requests from any current or former clients on any social media platform as I believe it could compromise confidentiality and privacy, both of which are essential to a positive therapeutic relationship.

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 a cancellation 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 \$150.00 per 38-52 minute session and \$175.00 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, LLC 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 copay or co-insurance, you will only be required to pay that amount on the date services are rendered. 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. 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.

Complaint Procedures

If you are unsatisfied with my work or any aspect of your care, the most effective way to resolve any issue is to discuss your concerns directly in our session time together. I work hard to honor the trust you are placing in me as your provider. If you feel that your concern has not been resolved after communicating that concern to me, you may also contact:

North Carolina Social Work Certification and Licensure Board

P.O. Box 1043 Asheboro, NC 27204

Phone: 1-336-625-1679.

Email: ncswboard.org

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 record 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.

Acceptance of Terms

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

Signature of Client (or Guardian if client is a minor)

Date _____

Signature of Therapist _____

Date _____