

**Brandon J. Russell, LCMHC, NCC, MDiv**  
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)

Brandon Russell is pleased that you have selected him as your counselor. The following information is designed to inform you of his background and to ensure your understanding of the nature of the professional therapeutic relationship, your rights as a client, and office policies and procedures.

Mr. Russell earned a Master of Arts in Mental Health Counseling from North Carolina Central University in 2016. He earned a Master of Divinity from McAfee School of Theology (Mercer University) in 2009. He is a licensed Clinical Mental Health Counselor (LCMHC #12597) through the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC), and a National Certified Counselor (NCC) through the National Board for Certified Counselors (NBCC).

**Professional Services**

I began practicing counseling in 2016, and I have 6 years of experience that I gained in private and public mental health settings. At this time, I provide counseling to individuals and couples. My theoretical orientation is integrative, meaning that I draw from several theories of counseling. Primarily, I practice and draw from Cognitive Behavioral Therapy, while incorporating elements from Transactional Analysis and Gestalt Therapy. I have completed Level 1 and 2 training in the Gottman Method for Couples Therapy. I am also is trained in EMDR (Eye Movement Desensitization Reprocessing), in the treatment for trauma, anxiety, and other relevant concerns. If you find meaning in your faith background, spirituality, or relationship with the divine, I am also prepared to incorporate your spirituality into the counseling process as desired.

I view counseling as a collaborative process, meaning the client takes an active role. It will include your active involvement, with specific efforts to assess your thoughts, feelings, and behaviors. Many times between sessions, there will be work required of the client. It is important to participate in this work, as it will help in your progress and meeting your goals for wellness. I believe that the counseling relationship is a professional relationship, in which my role will be a facilitator to guide you on your journey to mental health. Sometimes change is easy and swift, but most often it is slow and deliberate with efforts having to be repeated. It is a wonderful and brave first step to seek help through counseling, and I am happy to walk alongside you.

*If for any reason Mr. Russell does not believe that he has the experience or the training necessary to work with your particular difficulty or situation, he will refer you to another mental health professional who is prepared to work more effectively with your presenting concerns.*

**Length of Sessions/Missed Appointments/Cancellations**

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 upon 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 canceled 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 CANCELED, 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.

## **Fees and Insurance Filing**

The billable fee for an initial diagnostic interview is \$225.00. Standard fee for each subsequent session is \$175 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 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 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% co-pay is expected at the time of service if the co-payment is not known.

## **Social Media Policy**

Mr. Russell does not have a private or professional social media account.

## **Smoking/Use of Mind-Altering Drugs of Alcohol**

No smoking is allowed in the building. Do not appear for a session under the influence of any mind-altering drugs, including alcohol. Should this situation occur, the therapy session will not take place and you will be charged in full for the session.

## **Diagnosis for Counseling Clients**

Diagnosis is not meant to label people. However, since it is helpful in giving clients the best professional care, diagnosis of clinically significant behavioral or psychological patterns associated with the present distress or disability are made and are a permanent part of the client's confidential records.

## **Confidentiality**

Information you share about yourself and your concerns is considered confidential and will not be shared with anyone without your written consent. Only in extreme circumstance such as: potential harm to yourselves or someone else, a life-threatening emergency, subpoena or specific court orders by a judge, would information be released. Also, in North Carolina, the law requires that any information regarding abuse of a child or adult be reported to the county Social Services Department, which will investigate the situation.

## **Emergency Situations:**

Mr. Russell unfortunately cannot guarantee 24/7 availability. After hours, you may leave a voice mail for Mr. Russell at (336)882-2812 and he will return your call as soon as possible. If you should experience an emotional or behavioral crisis, and he cannot be immediately reached by telephone, you can contact a local medical or psychiatric hospital, and/or call 988.

## **Office Staff**

Cynthia Cadena is the Practice Manager for Triad Counseling. Her office hours are Monday through Friday 9:00am to 5:00pm. Our Greensboro office has an office receptionist for Triad Counseling and Clinical Services, PLLC available Monday through Friday from 9:00am to 5:00pm. Inquiries about accounts and insurance should be directed to either member of the staff.

### **Procedure for Registering Complaints**

It is not possible to guarantee specific outcomes for you through this service. However, your counselor does guarantee that all services will be rendered in a professional manner reflecting the ethical standards of the North Carolina Board of Licensed Clinical Mental Health Counselors. If you are dissatisfied with your counselor's professionalism and your concerns cannot be resolved, you may register a complaint with the North Carolina Board of Licensed Clinical Mental Health Counselors. The full address is North Carolina Board of Licensed Clinical Mental Health Counselors P.O. Box 77819 Greensboro, NC 27417 336.217.6007 or the North Carolina Addiction Specialist Professional Practice Board, P.O. Box 10126, Raleigh, NC 27605, (919) 832-0975.

It is an honor to serve you. If you should have any questions, or would like further information, feel free to ask.

I have read the preceding information and understand my rights as a client.

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**Brandon Russell, LCMHC, NCC, MDiv**

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**Date**

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**Client Signature**

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**Date**