

Karen Elliott, MA, LCMHCS, LCAS, NCC, MAC
TRIAD COUNSELING AND CLINICAL SERVICES, PLLC
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**Professional Disclosure Statement
(Information and Consent)**

Karen Elliott is pleased that 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.

Ms. Elliott holds a Master of Arts degree in Agency Counseling from Appalachian State University, her degree having been awarded in 1976. She holds a Bachelor of Science degree in Industrial Relations with a concentration in psychology, from the University of North Carolina at Chapel Hill, that degree having been awarded in 1974. She has been a professional counselor since 1976. She holds the following professional credentials: Licensed Clinical Mental Health Counselor Supervisor (LCMHCS #729), Licensed Clinical Addictions Specialist (LCAS #484), National Certified Counselor and Master Addictions Counselor (NCC and MAC #34757). She received the Advanced Certificate in Complex Trauma and Dissociation from the International Society for the Study of Trauma and Dissociation in March 2018.

PROFESSIONAL SERVICES

Karen Elliott's services include individual, couples, family, and group counseling for adults, adolescents, and children. She has training in chemical dependency, codependency, compulsive behaviors, grief and loss, trauma – related disorders, developmental transitions, eating disorders, and issues related to sexual orientation. Her therapeutic approach reflects eclectic influences derived from her training in the existential, psychodynamic, family systems, social learning, and cognitive-behavioral theories of counseling. Ms. Elliott views problems as generally being developmental in nature, and approaches each person, couple, or family situation individually.

Counseling will include your active involvement as well as efforts to change your thoughts, feelings, and behaviors. In addition to working in counseling sessions, you may be asked to participate in homework assignments such as reading, writing, monitoring and recording targeted behaviors, listening to audiotapes or watching videotapes, attending 12-step meetings, or other projects. It is likely that you will have to work on relationships and make long-term efforts towards change. Sometimes change is easy and swift, but most often it is slow and deliberate with efforts having to be repeated.

Counseling is most effective and measurable when goals are outlined and mutually agreed upon. Therefore, it is important that the goals, foci, methods, risks and benefits of treatments, approximate time commitment involved, and costs be specified as soon as possible. A treatment plan will need to be agreed upon and adhered to by both you and Ms. Elliott. Periodically progress will be evaluated and, if necessary, adjustments will be made.

As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings such as sadness, guilt, fear, anxiety, anger or frustration, 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). It is impossible to guarantee any specific results regarding your counseling goals. However, Ms. Elliott will work with you in order to achieve the best possible results for you.

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

CONFIDENTIALITY

Ms. Elliott respects your confidentiality. In accord with professional ethics, she may at times consult with peers about aspects of certain cases. Ms. Elliott will not reveal your identity in colleague consultations without your written consent. Otherwise, Ms. Elliott will only identify you as a client in the following situations: if you have given signed consent for her to discuss your case with another professional, family member, etc; if you report to her an imminent intention to seriously harm yourself or someone else; or if you reveal to her ongoing physical or sexual abuse or neglect of children, the elderly, or disabled persons. In these latter situations, appropriate persons will be notified. In rare circumstances, Professional Counselors can be ordered by a judge to release information. In those unfortunate situations where a client maintains an unpaid balance on their account with us without having made special arrangements, their account will be turned over to the Credit Bureau, resulting in their identification as a client. Otherwise Ms. Elliott will not reveal the fact that you are a client or anything about your treatment history.

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 interests that contact with Ms. Elliott be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate to extend social invitations or gifts to Ms. Elliott or to ask her to relate to you in any other way that is outside of the professional context of your therapy. These limits are designed with your welfare in mind and allow for all efforts to be directed towards your therapeutic concerns.

SOCIAL MEDIA POLICY

Ms. Elliott does not have a professional Facebook or Twitter account. She will not accept friend or contact requests from current or former clients on her personal Facebook. She believes it could compromise confidentiality and privacy which would have a negative impact on the therapeutic relationship. She does not text clients and prefers 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 received from you and any response sent becomes a part of your medical record.

THERAPIST CANCELLATIONS/VACATIONS/CLIENT EMERGENCIES

Ms. Elliott will try to contact you as quickly as possible should she need to cancel an appointment. In case of inclement weather, please contact her office concerning operating hours. Ms. Elliott will try to inform you of her vacations at least one week in advance. When she is out of town or otherwise unavailable, she will arrange for other therapists to be available for client emergencies. Call the High Point office (336) 882-2812 for assistance. If you have a severe crisis and are unable to contact a therapist, please call High Point Behavioral Health Services (336-878-6098), Moses Cone Behavioral Health at (336-832-9700), or the Guilford County Mental Health Emergency number (988). If you are outside of Guilford County, please call the emergency numbers of the county where you are.

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.

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 other diagnosis before it is submitted to your health insurance company, please make Ms. Elliott 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. 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.

OFFICE STAFF

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

SMOKING/USE OF MIND-ALTERING DRUGS OR 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. Such an occurrence may be considered grounds for the termination of therapy.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of your counseling experience with Ms. Elliott, please inform her immediately. If you think you have been treated unfairly or unethically by Ms. Elliott or any other counselor and you have not been able to resolve the problem with Ms. Elliott, you can contact the North Carolina Board of Licensed Clinical Mental Health Counselors at P. O. Box 77819, Greensboro, North Carolina 27417, (336) 217-6007 or the North Carolina Addiction Specialist Professional Practice Board, P. O. Box 10126, Raleigh, NC 27605, (919) 832-0975 for clarification of client rights or to lodge a complaint.

If you have any questions, please discuss them with Ms. Elliott. To indicate that you have read and understood the information presented to you, please sign and date this form. A copy for your records will be returned to you, and one will be kept by this office in your confidential records.

Karen A. Elliott, MA, LCMHCS, LCAS, NCC, MAC

Client's signature

Date

Date

I have received a copy of Patients Rights and Responsibilities which is located on the back of this Disclosure Statement

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 companies 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.