Rob Reinhardt, LCMHC, PA

Counseling Policies, Professional Disclosure & Agreement

Web www.robreinhardtcounseling.com
Phone 919.414.7712
Fax 888.360.8640
Email rob@serenityspringscounseling.com

CLIENT INFORMATION

First Name ______ Middle ______ Last ______ Date of Birth (MM/DD/YYYY) ______

Address ______ City ______ State ______ Zip Code ______ - ______

Emergency Contact Name ______ Emergency Contact Ph. Number ______ Relationship to Client ______

BILLING INFORMATION (Person responsible for payment)

First Name ______ Middle ______ Last ______

Relationship to Client ☐ Self ☐ Legal Guardian ☐ Other

Address (If different from above) ______ City ______ State ______ Zip Code ______

Phone / Email Address (Please list any phone numbers or email addresses we may utilize to contact you) May we leave a message?

Phone / Email	Type	May we leave a message?
	☐ Home ☐ Mobile ☐ Work ☐ Other	☐ Yes ☐ No
	☐ Home ☐ Mobile ☐ Work ☐ Other	☐ Yes ☐ No
	☐ Home ☐ Mobile ☐ Work ☐ Other	☐ Yes ☐ No
	☐ Home ☐ Mobile ☐ Work ☐ Other	☐ Yes ☐ No
	☐ Home ☐ Mobile ☐ Work ☐ Other	☐ Yes ☐ No

REQUIRED SIGNATURES

I clearly understand that I am ultimately responsible for payment to Rob Reinhardt, LCMHC,PA for any and all services rendered and that such payment is due ***at the time of the visit.*** *I also understand that if I suspend or services, any outstanding balance will be immediately due. I understand that if I should default on any payment obligations as called for in this agreement, Rob Reinhardt, LCHMC, PA will have the right to forward my information to a collection agency and up to an additional 30% will be assessed to my account to cover the costs of this action. Rob Reinhardt, LCMHC, PA will not be obligated to provide continuing services to any client who includes Rob Reinhardt, LCHMC, PA as a creditor in any bankruptcy filing. My signature below indicates that I fully understand and agree to these terms.*

Billing Signature (Required) Date
(Person responsible for payment)

My signature below indicates that I am consenting to treatment/services at Rob Reinhardt, LCMHC, PA. I have received , understand and consent to the Counseling Policies, including the Notice of Privacy Practices (HIPAA), the Electronic Communications Agreement, the Professional Disclosure Statement, and the specific policies of my counselor. This information has been explained or summarized for me and any questions or concerns I had have been addressed.

Signature(s) (Required) Date(s)
(Client(s) or Legal Guardian(s))

I authorize Rob Reinhardt, LCMHC, PA to release any medical information to my insurance company which may be deemed necessary in order to process an insurance claim. I authorize my insurance company to assign benefits to Rob Reinhardt, LCMHC, PA. I understand that I am responsible for payment for services rendered by Rob Reinhardt, LCMHC, PA regardless of reimbursement for these services by the insurance company and that any inaccuracy in information on this form may result in nonpayment by my insurance company. I agree to notify Rob Reinhardt, LCMHC, PA immediately whenever there are changes in the client's health condition or health plan coverage in the future.

Signature (Required to Bill Insurance) Date
(Responsible Insured)

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INSURANCE INFORMATION

We are in-network with several insurance companies. If we are in network with your insurance company, as a courtesy to you, we will work directly with them in an effort to collect reimbursement allowed by your benefits.

- We will verify your insurance benefit coverage and obtain any necessary authorizations for you. **Verification of benefit coverage is not a guarantee of claim payment.** All benefits are subject to the terms and conditions outlined in your contract with your insurance company. We have no authority to make representations to you regarding coverage of items or services covered.
- It is important that you understand your benefit coverage. For benefit coverage questions, please call the customer/member service phone number on the back of your insurance card. **It is your responsibility, prior to your first appointment, to verify your plan's limitations, deductibles and exclusions.**
- In compliance with health insurance contracts, Rob Reinhardt, LCMHC, PA requires that all co-payments are collected at the time of service. This includes payments towards co-insurance and deductibles. In some cases the co-insurance/deductible amount collected will be an estimate and adjustments will be made once a response is received from your insurance company regarding the claim. This may result in a credit to your account or additional charges. **We do not have the option to waive co-payments, deductibles or co-insurance amounts due** as that would be a violation of the contract we have with the insurance company.
- It is your responsibility to pay the full fee for services at the time they are rendered, unless we have participating providers in your insurance plan. **You must provide your insurance card at your initial appointment** so that we may keep a copy in your record in accordance with our contract with the insurance company.
- It is your responsibility to provide us with updated information if your insurance company or plan changes or your coverage terminates. It is also your responsibility to notify us of any changes in address or other contact information. If the insurance information you provide to us is later determined to be inaccurate resulting in a denial of your claim, you will be responsible to pay the amount denied by your carrier.
- It is your responsibility to pay any charges not eligible and/or not covered by your insurance plan. If you discontinue care for any reason, all balances will become immediately due and payable in full by you, regardless of any claim submitted.
- You will receive an Explanation of Benefits (EOB) from your insurance company detailing charges, amounts you are responsible for and amounts they have paid.
- Because we are a "fee for service" provider, we do not automatically send billing statements when there is an amount due. Should you need a statement or payment itemization, please request one from your therapist.

PRIMARY INSURANCE INFORMATION			SECONDARY INSURANCE INFORMATION			PRIVATE PAY
Insurance Co.			Insurance Co.			$__________/INTAKE
Co-Pay: $	*Deductible: $	Co-Insurance: %	Co-Pay: $	*Deductible: $	Co-Insurance: %	$__________/FOLLOW-UP

*** A DEDUCTIBLE Requires a Credit Card on File**

☐ VISA ☐ MasterCard ☐ DISCOVER NETWORK	Card Number	Exp. Date	CVV Code

I hereby give consent to charge the credit card indicated for any outstanding balance as a result of deductibles, co-payments, co-insurance, or other amounts due according to this agreement and information provided by my insurance company.	Card Holder Name	
	Signature	Date

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COUNSELING INFORMATION & POLICIES

Rob Reinhardt, LCMHC, PA is a private practice of mental health professionals dedicated to providing counseling services that improve the lives of individuals, couples and families.

- Counseling (also referred to as therapy throughout this document) provides the opportunity for change, growth and self-discovery in the context of a safe, supportive, and therapeutic relationship. The process of change will, in many ways, be unique to your particular situation.
- Initial counseling sessions will involve an evaluation of your needs. The goal of this initial assessment is to provide you with some first impressions of what our work will include and a plan to follow.
- At any time you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling.
- Counseling can have benefits and risks. While benefits are expected from the counseling process, specific results cannot be guaranteed.
- If at any time during counseling you have questions about the effectiveness of the process, feelings about something your therapist has said or suggested or need clarification of our goals, do not hesitate to bring this up in your session.

Confidentiality

The staff and therapists at Rob Reinhardt, LCMHC, PA have an obligation to respect your right to confidentiality concerning the information you share within this clinical setting. Confidentiality of client information is governed by federal law (Health Insurance Portability and Accountability Act) and by state law.

The laws of the State of North Carolina impose some limitations to your rights of confidentiality. The following is a list of situations where we are either permitted or required to disclose information:

- ➔ You provide consent to release information.
- ➔ You disclose any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse or neglect.
- ➔ You disclose information regarding prenatal exposure to controlled substances.
- ➔ We have a reasonable suspicion that you are a threat to yourself or others.
- ➔ We are ordered by the court to disclose information.
- ➔ You involve an employee of Rob Reinhardt, LCMHC, PA in a lawsuit and we are required to release specific information in order to received compensation for services rendered.
- ➔ We are required to share information with licensing boards in response to a disciplinary proceeding involving a provider.
- ➔ We are otherwise required by law to release information.

In addition, there are specific situations that require your consent that are necessary for our therapists to best perform their professional duties. Your signature on this agreement provides consent for those activities which may include:

- ➔ Consulting with other professionals about your case (while making every effort to not reveal the identity of the client)
- ➔ Sharing protected information with administrative staff for scheduling, billing and quality insurance purposes (all staff are bound by the same rules of confidentiality.
- ➔ Consulting with other businesses who, under contract, promise to maintain confidentiality of all data they come into contact with.

Minors have a limited right to privacy in that their parents may have the right to access their records. However, if the therapist believes that sharing this information will be harmful to you, confidentiality will be maintained within the limits of the law.

Group Therapy: The right to confidentiality is addressed in the group setting. Rob Reinhardt, LCMHC, PA and group therapists are not responsible for any breaches of confidentiality by group members.

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APPOINTMENTS

We realize that, on occasion, you may not be able to make a scheduled appointment. Please notify us **via a phone call** (leaving a voice mail if we do not answer) as soon as possible if you will need to cancel or re-schedule an appointment.

Please remember that your appointment time has been reserved for you alone so **our policy is to charge $50 for missed or canceled appointments if you do not provide 24-hour advanced notice.**

Because we usually have many people on our waiting list, clients who frequently cancel, re-schedule, or miss appointments, especially without giving 24-hour notice, will not be allowed to retain a regularly scheduled appointment time and may be placed on the waiting list.

Successful therapy requires a commitment on the part of the client. *It is important that you keep your appointment if at all possible.*

AFTER-HOURS EMERGENCIES

For after-hours emergencies or if you need immediate assistance, call 911 or visit your local emergency room, medical group or primary physician.

Rob Reinhardt, LCMHC, PA cannot guarantee that a therapist will be available to handle emergencies. Our therapists are normally not available after usual business hours. You may leave your therapist a message and they will return your call as soon as possible, usually within 24 business hours.

Some Crisis Numbers Include:

Holly Hill Crisis Assessment	919.250.7000
Wake County Crisis Services	919.250.3133
Johnston County Help Line	888.815.8934
National Suicide Hotline	800.784.2433
UNC Adult Emerg. Services (day)	919.966.5217
UNC Adult Emerg. Services (night)	919.966.4131
UNC Child Emerg. Services (day)	919.966.2166

TELEPHONE CONSULTATIONS

An initial phone consultation is offered at no charge in order to answer your questions about counseling, insurance, fees and Rob Reinhardt, LCMHC, PA as well as arranging an appointment. Once therapy has begun, telephone conversations lasting longer than 10 minutes may be charged at a prorated hourly rate.

PREPARATION OF FORMS AND REPORTS

The preparation of forms and reports require chart review, clerical time and often, discussion with the client. The charge for this service is $150 per hour with a minimum charge of $20.

PAYMENTS

Rob Reinhardt, LCMHC, PA accepts cash, personal checks, as well as the following credit cards for payment: Visa, MasterCard, Discover.

If mailing, please remit payment to: **Rob Reinhardt, LCMHC, PA**
602 E Academy St., Suite 105
Fuquay-Varina, NC 27526

CHECK POLICY

To ensure proper credit, please make checks payable to **Rob Reinhardt, LCMHC, PA**.

There is a $25 fee for returned checks. Thereafter only cash, money order or credit card will be accepted for payment.

FEES (These fees may be changed at our discretion. You will be notified in writing of any changes)

Important Note: These are our customary fees. If you intend to utilize insurance benefits, your actual cost out of pocket may be substantially less depending on your coverage. In addition, reduced fees are offered for those without insurance coverage or based on financial hardship. Please contact us for a free initial consultation to determine what your out of pocket expenses might be.

Insurance Code	Description	Time Alotted	Charge
90791 - 90853	Intake, Individual, Group, or Family Therapies	20-60 Minutes	$55 - $195
Not Billable to Insurance	Late Cancellation / No Show	n/a	$50
Not Billable to Insurance	Returned Check	n/a	$25
Not Billable to Insurance	Phone Calls (over 10 min.), Letters, Forms, etc.	Varies	$150/hr. ($20 min.)
Not Billable to Insurance	Court Appearances and Preparation	60 Minutes	$250.00/hr.
Not Billable to Insurance	Professional Consultation Services	60 Minutes	$200.00

All information regarding clients is confidential and will not be released without your written consent. If a request for transfer of records is made, they will be forwarded upon completion of a consent form and payment of a fee based on the current NC Dept of Health maximum allowed. Copies of records are available for $.75 per page (first 25 pages), $.50 (pages 26-100) and $.25 (pages 101+) with a minimum charge of $10

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CLIENT BILL OF RIGHTS

Rob Reinhardt, LCMHC, PA does not discriminate on the basis of religion, race, gender, marital status, age, sexual orientation, national origin, previous incarceration, disability or public assistance status. Every client:

- Shall be informed prior to, or at the time of, the intake appointment of services available at Rob Reinhardt, LCMHC, PA and financial charges that are the client's responsibility beyond the coverage of health insurance.
- Can expect complete and current information concerning his or her diagnosis and individual treatment plan in terms he or she can understand.
- Shall have the right to know by name, and the competencies of, the licensed mental health professional responsible for coordination of his or her treatment.
- Shall have the freedom to place grievances and recommend changes in policies and services to the staff of Rob Reinhardt, LCMHC, PA free from restraint, interference, coercion, discrimination, or reprisal.
- Has the right to be informed of, and to refuse to participate in, any experimental research.
- May expect courteous and respectful treatment by Rob Reinhardt, LCMHC, PA staff.
- Has the right to a coordinated transfer of care when there will be a change of providers.
- May assert their client rights without retaliation.
- Has the right to choose freely among available mental health professionals and practitioners in the community and to change providers after services have begun within any contractual limits of the client's health insurance.

In addition to the rights listed above, clients utilizing services offered by practitioners licensed by the State of North Carolina have the right to: (a) expect that a practitioner has met the minimal qualifications of training and has the experience required by state law; (b) examine public records which contain the credentials of the practitioner; (c) obtain a copy of the rules of conduct.

NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully. Protecting our clients' privacy is important to this practice. The Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy. At the Rob Reinhardt, LCMHC, PA we are very careful to keep your health information secure and confidential. This law requires us to maintain your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a specialist doctor whom we may involve in your care.

- We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. You have the right to restrict the disclosure of PHI to your insurance company if you pay for services in full.
- We may use or disclose your health information for our normal health care operations. For example, one of our staff will enter your information into our computer. Use and disclosure of your PHI for marketing purposes and the sale of PHI is not allowed without your written authorization.
- We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.
- Uses and disclosures of the separate Psychotherapy Notes (described in our disclosure) require your written authorization.
- We may use your information to contact you and we will use whatever address or telephone number you prefer. For example, we may need to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some or all of your health information when required by law. Sale of your PHI to third parties is prohibited.
- If this practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- You have the right to transfer copies of your health information to another practice.
- You have the right to see or receive a copy of any of your health information and can request, in writing, an amendment or change to your health information. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.
- We utilize electronic systems to store some of your PHI. Should a breach in security occur, we are required to notify you within 60 days of the occurrence of said breach.
- You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W, Room 509F Washington, D.C. 20201. Before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Clinical Director, Rob Reinhardt at rob@serenityspringscounseling.com or 919.414.7712

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ELECTRONIC COMMUNICATION AGREEMENT & AUTHORIZATION

Risk Factors

Among general Electronic Communication (including, but not limited to Email and Texting/SMS) risks are the following:

- These communications can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Recipient can forward messages to other recipients without the original sender's permission or knowledge.
- User can easily misaddress an electronic communication.
- Electronic Communication is easier to falsify than handwritten or signed documents.
- Backup copies of electronic communications may exist even after the sender or the recipient has deleted his or her copy.

Conditions for the Use of Electronic Communication (hereafter referred to as EC)

It is the policy of Rob Reinhardt, LCMHC, PA that all representatives of Rob Reinhardt, LCMHC, PA will make all EC sent or received that concern the diagnosis or treatment of a client part of that patient's medical record and will treat such messages with the same degree of confidentiality afforded other portions of the medical record. Rob Reinhardt, LCMHC, PA will use reasonable means to protect the security and confidentiality of EC information.

Because of the risks outlined above we cannot, however, guarantee the security and confidentiality of EC. Thus, clients must authorize the use of EC for discussions of confidential medical information after having been informed of the above risks. Consent to the use of EC includes agreement with the following conditions:

1. All EC to or from the patient concerning diagnosis and/or treatment will be made a part of the client's medical record. As a part of the medical record, other individuals, such as other physicians, nurses, physical therapists, patient account personnel, and other entities, such as other health care providers and insurers, will have access to EC messages contained in medical records.
2. Rob Reinhardt, LCMHC, PA may forward ECs as necessary for diagnosis , treatment, and reimbursement. Rob Reinhardt, LCMHC, PA will not, however, forward the ECs outside of necessity without the consent of the client or as required by law.
3. If the client sends an EC to Rob Reinhardt, LCMHC, PA, another health care provider, or an administrative department, Rob Reinhardt, LCMHC, PA will endeavor to read and respond to the EC promptly, if warranted. However, Rob Reinhardt, LCMHC, PA can provide no assurance that the recipients of a particular EC will read the message promptly. Because Rob Reinhardt, LCMHC, PA cannot assure clients that recipients will read EC promptly, **clients must not use Electronic Communications in a medical emergency**.
4. If a client's EC requires or invites a response, and the recipient does not respond within a reasonable time, **the client is responsible for following up to determine whether the intended recipient received the EC and when the recipient will respond.**
5. Because employees do not have a right of privacy in their employer's EC systems, clients should not use their employer's EC systems to transmit or receive confidential medical information.
6. Rob Reinhardt, LCMHC, PA cannot guarantee that ECs will be private. Rob Reinhardt, LCMHC, PA will take reasonable steps to protect the confidentiality of client ECs but is not liable for improper disclosure of confidential information not caused by Rob Reinhardt, LCMHC, PA's gross negligence or wanton misconduct.
7. If the client consents to the use of EC, he/she is responsible for informing Rob Reinhardt,LCMHC, PA of any type of information the client does not want to be sent by EC. Client is responsible for protecting his/her password or other means of access to ECs sent or received from Rob Reinhardt, LCMHC, PA to protect confidentiality. Rob Reinhardt, LCMHC, PA is not liable for breaches of confidentiality caused by client.
8. Any use of EC by the client that discusses diagnosis or treatment by the client constitutes informed consent to the foregoing. You may withdraw consent to the use of e-mail at any time by email or written communication to LCMHC, PA.
9. Being informed of these risks, clients who choose to utilize EC with Rob Reinhardt, LCMHC, PA thereby communicate their authorization for such communication, including replies from Rob Reinhardt, LCMHC, PA.

By signing the consent to treatment/services on page 1, you signify that you fully understand and agree to the terms of this Electronic Communication Agreement.

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ABOUT YOUR THERAPIST – PROFESSIONAL DISCLOSURE STATEMENT

Rob Reinhardt, LCMHCS, M.Ed., NCC

Credentials and Licenses

- Licensed Clinical Mental Health Counselor (NCBLCMHC), NC License #6768
- Licensed Clinical Mental Health Counselor Supervisor (NCBLCMHC), NC License #6768S
- National Certified Counselor (NBCC), Certificate #214103

Education

- Master of Education in Counselor Education, North Carolina State University, 2006

Clinical Counseling Experience and Theoretical Orientation

I have been a Licensed Clinical Mental Health Counselor in private practice since 2006. Prior to that, I had extensive experience in peer counseling and support through organizations like The Saferoom Project, an online support forum for adult survivors of childhood sexual trauma and their partners/family members. I am currently also licensed as a Professional Counselor Supervisor, providing supervision to counselors working toward licensure.

As a counselor, I employ a holistic integration of Person-Centered, Cognitive-Behavioral, Reality and Rational Emotive Behavioral techniques. I often also include Brief Relationship Enhancement techniques that focus on healthy communication and interpersonal dynamics. Underpinning my approach is my belief that we are all part of multiple systems in our lives, each of which have an impact on us. My approach is collaborative and I am committed to work with clients to increase their awareness of choices and to empower them to live according to their own values and reach their chosen goals. I encourage clients to ask questions about my approach and techniques.

My work as a Licensed Clinical Mental Health Counselor has included clients from the age of six to sixty-five in individual, couples, family and group settings. The majority of my work has focused on working with people experiencing Anxiety, Depression/Mood Disorders, ADD/ADHD, ODD, Self-Esteem Issues, Life Transitions, Sexual Trauma, PTSD, Asperger's Syndrome and/or family/relationship/marital challenges.

Ethics, Records and Confidentiality

I follow the Code of Ethics of the American Counseling Association (ACA) and the Center for Credentialing and Education's Approved Clinical Supervisor. Our sessions are confidential and I adhere to all rules of confidentiality outlined in the Rob Reinhardt, LCMHC, PA Counseling Policies & Agreement.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that it necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information data bank.

Notes: You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and I believe that you accessing your records is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

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In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Therapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record and information revealed to me confidentially by others. These Therapy Notes are kept separate from your Clinical Record. Your Therapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

Minors & Parents: Children of any age have the right to independently consent to and receive mental health treatment without parental consent and, in that situation, information about that treatment cannot be disclosed to anyone without the child's agreement. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment and requires that some private information be shared with parents. It is my policy not to provide treatment to a child under 12 unless he/she agrees that I can share whatever information I consider necessary with his/her parents. For children 12 and over, I request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to address any objections he/she may have.

Counseling Relationship

Although our sessions may involve very personal information, ours is a professional relationship rather than a social one. Our contact will be limited to the counseling sessions that you arrange with me except in the case of an emergency. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or ask me to relate to you in any other way than in the professional manner of the counseling session. These boundaries are in place for your protection and to assure that the focus of our counseling relationship remains on helping you achieve your goals. You will be best served if our sessions concentrate exclusively on your goals and concerns. These boundaries extend to social media, therefore I will not accept invitations to connect on Facebook, LinkedIn or other social media sites.
Some clients need only a few sessions to achieve their goals while others my require, or desire a much longer process. You are in complete control and may end our counseling relationship at any time. I do request that if you wish to end the counseling relationship that you participate in a termination session. Please note that, if you cease communication with your therapist, the counseling relationship will be considered to be terminated after sixty days, unless other arrangements are made.

Referrals

I realize that I am not able to provide appropriate treatment or services for all of the conditions or challenges that clients may face. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide you with some alternatives including programs and/or people who may be able to assist you. A verbal exploration of alternatives to counseling will also be made available to you at your request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Complaint Procedures

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If, at any time, for any reason, you are dissatisfied with my services, please let me know. Only if I'm aware of any problems will I have the opportunity to address them to the best of my abilities. If I am not able to resolve your concerns, you may report your complaints to:

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
844-622-3572