

PROFESSIONAL DISCLOSURE STATEMENT

Dena Johnson, MS, LCMHCA, LCASA

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GREENVILLE, NC 27858

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Client Name: _____

DOB: _____

Client cell phone: _____

Today's date: _____

This document is designed to inform you about my policies and background to ensure that you understand our professional relationship. I welcome questions at any time. I have a Master of Science degree in Clinical Counseling and I am licensed as a Clinical Mental Health Counselor in North Carolina. My License number is A16364. I received my undergraduate degree in sociology from the University of Miami in Coral Gables, FL and I received my master's degree in clinical counseling from East Carolina University in Greenville, NC in 2020. Counseling Services Offered/Theoretical Orientation Counseling allows you the opportunity to clarify your feelings, what it is you may want or need, and how to get more satisfaction from your life. Certainly, events from your past or your childhood have an impact on how you are coping with situations in the present. I believe that everyone has the freedom to make choices that are going to improve their lives. It will be my role as your counselor to encourage you towards this goal. My counseling approach will touch on events from your past, using cognitive behavioral therapy. We will come up with a plan that will allow you to play an active role in your counseling sessions, while increasing your personal level of responsibility. Psychoeducational aspects may also be used when teaching relaxation skills or communication techniques. I also will use cognitive-behavioral therapy, focusing on self-talk, mindfulness and using the cognitive behavioral triangle. Behavior therapy may also be used, particularly with children. Behavior modification aims to increase your skills so that you have more options for responding to certain situations, at the same time, I may incorporate parenting skills and techniques where necessary. Other services/techniques offered are; Grief/loss counseling, Individual counseling for anxiety, depression, and stress management. Overall, I work with individuals in order to help them gain insight, find balance, set boundaries, and discover their inner self. There are both benefits and risks associated with counseling. Risks might include experiencing uncomfortable levels of feelings such as sadness, guilt, anxiety, or anger. Some changes may lead to losses (for example, counseling will not necessarily keep a marriage intact.) I will not accept clients whom, in my opinion, I cannot help using the techniques I have available. If we do

decide to work together, I will enter our relationship with optimism. Please note that it is impossible to guarantee specific results. However, together, we will work to achieve the best possible results for you. Please note, that I am not a forensic evaluator and that it is not my role to make custody determinations or any other evaluations that require an "expert."

Termination of Counseling/Discharge

Please advise your therapist or the administrative assistant if you no longer wish to continue with treatment. After a period of sixty (30) days with no contact from you, your therapist will terminate the therapy contract and discharge you from services at that time. You may call the office at any time to resume services, at which time a new intake packet can be completed.

Length of Sessions

My services will be rendered in a professional manner consistent with accepted ethical standards. After the initial intake, Sessions are generally 55-60 minutes in duration. We will schedule our sessions at a mutually agreed upon time. If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you are responsible for paying for the session that you missed. I charge a \$75 no-show/late cancellation fee. In the event of 2 no shows or late cancellations, I reserve the right to refer you to a different counselor, who may be able to better meet your scheduling needs.

Fees/Methods of Payment In return for a fee of \$170 session, I agree to provide a 53-60 min counseling session to you. A 38-52 min session is \$125 and 16-37 min is \$100. It is preferred that you pay for each session by the conclusion of that session. Cash, credit card or personal checks are acceptable forms of payment. You will receive receipts upon your request. I also charge \$1000 for subpoenas or for my time in court. Court telephone standby is \$400. Initial consultations are \$175 and phone consultations are \$35 per 15 minutes.

Letters

Brief are \$50. NO SHOWS OR LATE CANCELATIONS ARE \$75. 24 HOURS NOTICE IS REQUIRED. Insurance Assignment and release You agree to directly assign Dena Johnson, LCMHCA, LCASA all health care benefits, if applicable, that are payable to me for services rendered. Please understand that you are financially responsible for ALL charges, whether or not paid by insurance. You authorize Dena Johnson, LCMHCA, LCASA to release necessary information to secure those payments. You authorize the use of this signature on all insurance submissions regarding services rendered for my treatment.

Confidentiality

The information that you share with me is regarded with the greatest respect. Therefore, the privacy and confidentiality of our conversations and my records, is your privilege and is protected by state law as well as my profession's ethical principles, in all but a few circumstances. I cannot guarantee confidentiality, legally or ethically 1) when I believe you intend to harm yourself or another person; 2) when I believe a child or an elder has been or will be abused. In rare circumstances, counselors are ordered by a judge to release information. If you would like me to communicate with someone regarding our work together, you will need to sign a release of information.

Parents of minors: When working with your child, it is important that they know that they can trust me and feel safe with me. I expect that parents will respect the privacy between me and their child. Please do not ask me to share their secrets without their permission. If I am deeply concerned about their wellbeing, I will at that point, notify the parents and let the child know that I am doing so. My decision will always be based on what I think is in the best interest of the child

Support staff working in this office: Anyone affiliated with our office has signed a confidentiality form and they are committed to maintaining your privacy. By signing below, you are indicating that you agree to allow the secretarial staff to greet you in the reception area, make copies, phone calls, receive faxes, as well as any other administrative duties etc.

Marital and family counseling: In family and marriage counseling, I believe that it is not healthy to keep secrets between family members in a counseling setting. Please keep in mind that in marriage counseling the file is a joint file and the confidentiality of what one person tells me may be waived. As well, because you are both the client, I will not take sides in a court of law.

Supervision: Occasionally I may seek consultation from a professional colleague to better serve my clients. I keep my clients' identity anonymous when doing so. At this time, I do not have secure email or texting, Therefore it is to be used at your own risk. Secure messaging is available through my electronic health record and is encouraged. I do not use email, texting or messaging as a form of counseling.

Dual Relationships/Counselor's role It is important to remember our relationship is a professional one. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate on your concerns. I am not able to have any kind of dual relationship including a social media relationship with my clients, which includes, but is not limited to Facebook and Instagram. You may, at your own risk, follow my professional social media pages. Please note that this is not a way to contact me, especially if an emergency. It is important that you understand that I am not a forensic evaluator in cases such as, but not limited to abuse or child custody. My role is to help you through the therapeutic process. If you are looking for an evaluator please ask your attorney to refer you to someone who can serve that specific

purpose. Diagnosis A diagnosis will be used in order to bill insurance companies. It is important for you to be aware that this becomes part of your record. In Case of Emergency In the event of a medical emergency, please call your local hospital emergency room. You may obtain 24 hour non-emergency support through REAL crisis counseling center. There also is a crisis hotline at 1-888-627-4747. In addition, I can be reached on my cell phone for a phone consultation after hours. Please be advised that you will be billed for phone consultations. My cell phone number is 252-320-8611. ECBH also has a mobile crisis unit. This number is 866-437-1821. Counselor's Retirement, Impairment, or Death and Vacation coverage In the event of my untimely death or impairment from a disability, Ms. Barbara Kohler LCMHC, at Kohler Seminars - 717-1285 is authorized to secure my counseling files and notify clients of my demise. They also have agreed to see my clients, if needed, while I am on vacation or due to illness. Complaint Procedures If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically by me and cannot resolve this problem with me, you may contact the North Carolina Board of Licensed Clinical Mental Health Counselors, at P.O. Box 77819 Greensboro, NC 27417 844-622-3572 for clarification of clients' rights or to lodge a complaint. If you have any questions regarding this disclosure statement, please feel free to ask. Sign and date both copies of this form. A copy for your records will be returned to you and I will retain a copy for my records.

Termination The counseling relationship may be terminated for nonpayment of services, for non-compliant client behavior, or if I believe there is insufficient therapeutic progress. The client will be notified of the intent to terminate the counseling relationship at least one session ahead of the last. In addition, I ask clients to let me know one session before the last so that I may deal with any termination issues. I (the client) hereby acknowledge I have read the above disclosure statement. I have been given the opportunity to ask questions and retain a copy for my records. I understand that Dena Johnson, LCMHCA does not use text or email for therapeutic correspondence and if I communicate via text or email it is at my own risk, understanding that these forms of communication are not HIPAA compliant or protected. Secure messaging is provided through Simple Practice. I agree to the fees and all policies above, including the no show/late cancelation fees and policy. I also understand the fees and procedures for any court involvement. I hereby grant Dena Johnson, LCMHCA, LCASA permission for therapeutic treatment and I am aware that in case of emergencies, I may contact Dena Johnson, LCMHCA, LCASA on her cell phone at 252-320-8611 and if I do not reach her I will call the mobile crisis unit at 866-437-1821.

Counselor: Dena Johnson, MS, LCMHCA, LCASA

Client's signature

Date