

Achieving Changes Counseling Services, PLLC

Outpatient Mental Health & Substance Abuse Services

3540 Clemmons Road, Suite 101, Clemmons, NC 27012

980.226.0414 (Office) 336.776.0091 (eFax)

Professional Disclosure and Informed Consent Agreement

Psychotherapy Background

I utilize theoretical orientations to assist clients in identifying areas of concern and comparable techniques to assist clients in achieving set goals. Achieving Changes Counseling Services, PLLC utilizes a variety of psychotherapeutic principles, techniques and theories in order to provide each client with individualized care specific to their treatment needs.

More specifically, theoretical orientations utilized include but are not limited to Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing. Other therapeutic approaches utilized include but are not limited to Person-Centered Family Focused Therapy and Reality-Based Therapy.

My areas of interests include individual, group and family psychotherapy sessions for clients living with trauma related issues secondary to abuse, grief and an array of other major underlying psychosocial stressors and/or suffering from various mental health conditions to include but not limited to Mood Dysregulation Disorders co-occurring with Personality Disorder Traits and/or Substance Related and Addictive Disorders and more.

Session Fees & Length of Services

Sessions last approximately 55 minutes to one hour. We will work together to schedule sessions that are convenient for all parties. In the event an ideal time is not immediately available we will notify you at the earliest opportunity to adjust scheduling arrangements that are more suitable for you. Payment is due in full at the time of service rendered to include copayment and/or the agreed upon rate.

I do bill insurance if I am in network and will attempt to verify your insurance, on your behalf, prior to your appointment however I encourage you to please reach out to your insurance company as well to verify your benefits to ensure I am an in-network provider. All out of network, noninsured sessions or services where unmet deductibles apply are \$150 for the initial and any subsequent assessments and flat fees of \$100 for individual and \$40 for group sessions. A receipt in the form of a Superbill will be provided. Payment forms of cash, check or credit card is accepted. There is a \$30 service charge for returned checks in addition to your bank's fees. If you need services and feel you will have difficulty making payment, please feel free to discuss this with me to see if your needs can be accommodated with a sliding fee scale.

I do ask that you keep all appointments and arrive on time. Except in cases of emergency, you will be responsible for a missed appointment fee of \$50 for missed appointments not-cancelled or rescheduled at least 24 hours in advance. I ask that you keep a credit or debit card on file for this purpose. If you do not call the next business day to pay the fee the card will be billed at our session rate. Because counseling is a voluntary process for both parties, if you repeatedly miss or cancel appointments, I reserve the right to terminate services. Please note that in the event you are late, your session will still end on time and you are still responsible for full payment.

Credit Card to keep on file:

_____ Expiration Date: ____/____/____ CVC: _____ Zip Code: _____

Signature for authorization of Charge: _____

Confidentiality

Confidentiality is a key factor of the clinical social work and counseling profession's Code of Ethics and Standards of Practice. Confidentiality is a right of all clients under the principles of autonomy, beneficence and fidelity. I abide by the Code of Ethics standards regulated by the National Association of Social Workers, North Carolina Social Work Licensure

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Board and the North Carolina Substance Abuse Practice Board. Therefore, any information revealed during psychotherapy sessions become part of your clinical record, which is accessible to you upon written request (unless doing so would be psychologically harmful or damaging).

I will not release information about you without your full knowledge and a signed consent for release of information specifying exactly what information to disclose and to whom to disclose. Should you have any questions about your right to confidentiality please bring them to our attention.

Use of Diagnosis

Most insurance providers will require that a diagnosis of a behavioral health condition and indicate that you must have an “illness” before they will agree to reimbursement. Some conditions for which people seek psychotherapy do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before submission to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Emergencies, Phone Sessions, and Email

In the event of an emergency, please dial 911 or go to the emergency room. If you cannot reach me immediately by telephone during a crisis, you or your family should contact Mobile Crisis Line at 1-866-275-9552 for 24-hour crisis services. As a private practitioner, I am not on call or available 24 hours a day. Often, I am with clients or away from my phone, if it is not an emergency please leave a message and I will try to return messages within 48 hours except when noted on voicemail message (vacations/holidays, etc.)

If you need a higher level of services than I can provide as a private practitioner, I can offer a referral to a more appropriate agency. I generally do not offer phone sessions except in a crisis situation because I have found face to face interactions to be more effective. Phone sessions, if necessary, will be billed at the same rate as your regular session, prorated for the time spend in the phone session (ex. 15 minutes \$25.00). If you need to change your appointment date/time or are making an appointment you may email me if you are comfortable, but please keep clinical details in the email to a minimum at achievingchanges@gmail.com I offer secure messaging through the client portal for any clinical details you may need to share.

Emergency Contact Information

If there is an emergency during the time we are working together, or if I become concerned about your personal safety, I am required by law and the ethics of my profession to contact someone close to you. I may also be required to contact this person, and/or the authorities, if I become concerned about your harming someone else.

By initialing here, I authorize Melissa A. Johsnon, LCSW, LCAS, CCS to contact my designated emergency contact person in the event of an emergency or if she suspects threat of harm to self or others. Please write the name and contact information of your chosen contact person in the space provided below:

Emergency Contact

Name: _____

Address: _____

Phone: _____

Relationship: _____

Ethics and Competency

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As part of my ethical obligation I must only provide services to clients who I am competent to serve. If I determine that your needs are outside of my scope expertise or scope of practice I can make referrals to other mental health providers. A referral can also be made to an alternate provider at your request for any reason. All counseling comes to an end at some point, which is called termination and together we will determine when that is appropriate or needed. We will work together to find appropriate services to meet your needs throughout the therapeutic process.

Dual Relationships

Entering into anything other than a therapeutic relationship with client is strictly prohibited by the ethical codes I practice under and is called a dual relationship. We will not have any other roles in each other's lives outside of the client/counselor roles. This boundary continues even after counseling is terminated and helps to protect your confidentiality. This is an ethical obligation that benefits you by allowing me to serve as a counselor rather than a friend. I do not initiate contact with clients in public places or communicate online through social networking sites (Facebook, Twitter, Instagram, Snapchat, Kik) to protect this boundary and your confidentiality.

Complaints

There are no guarantees that counseling will help you achieve your desired goals, therefore I am unable to provide any guarantees. If you have problems with my specific counseling services, interventions used or ethics, I encourage you to discuss any concerns with me. I strive to provide my clients with the best service and would like the opportunity to make any appropriate changes if you are not satisfied. You may directly contact or file a complaint against Achieving Changes Counseling Services, PLLC should you feel I am in violation of any of these codes of ethics to any combination of the following:

North Carolina Social Work Certification and Licensure Board

P. O. Box 1043

Asheboro, NC 27204

Phone: 800-550-7009 or 336-625-1679

Fax: 336-625-4246

E-mail: www.ncswboard@asheboro.com

North Carolina Substance Abuse Practice Board

P.O. Box 10126

Raleigh, NC 27605

Phone: 919-832-0975

Fax: 919-833-5743

Consent to Treatment Form

I hereby grant Achieving Changes Counseling Services, PLLC permission to render psychological and psychiatric treatment. By signing this Consent to Treatment Form, I/I as the legal guardian acknowledge that he/she is being provided psychotherapy by Achieving Changes Counseling Services, PLLC with my consent. There are risks and benefits to treatment to include but not limited to the following:

Benefits

- Determining my strengths and goals for treatment, choosing which goals are priority and working with a psychotherapist on how to best reach them and having the opportunity to become more independent.
- Enjoying increased satisfaction with the quality of my life, experiencing increased positive responses to difficult situations and improving my coping abilities while reducing my stress.

Risks

- Experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger and frustration.
- Being in touch with painful emotions sometimes for the first time which may temporarily lead to feeling worse and personal growth sometimes requires changes that may be uncomfortable.

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I acknowledge that I have had an opportunity to ask questions regarding this Consent to Treatment Form. My consent to the rendering of psychological and psychiatric treatment is effective as of the date of assessment and will continue through the date of discharge from this service. I also understand that I have the right to refuse treatment at any time and this consent can be revoked upon my request in writing to Achieving Changes Counseling Services, PLLC.

Acceptance of Terms

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

Client/Parent/Guardian Signature

Date

Therapist Signature

Date