



Terri Morgan
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PROFESSIONAL DISCLOSURE STATEMENT AND CONSENT TO TREATMENT

Welcome! I am pleased to have an opportunity to work with you. This document is designed to inform you about my background, to give you information about protocols and practices, and to ensure that you understand our professional relationship.

Counseling is conducted as an alliance between counselor and client to increase human understanding and bring about change. It can be helpful to make the conditions of the counseling relationship explicit in order to create consistency and stability. The terms of the counseling outlined below will contribute most effectively toward this goal.

First, my qualifications and affiliations:

Professional Qualifications

Academic Preparation

- M.Ed. in Counseling, University of South Carolina 1995
- M.S. in Physiology of Exercise, University of Kentucky 1987
- B.A. in Health Education, Furman University 1984

Licenses and Certifications

- Licensed Professional Counselor, (North Carolina #5538 / South Carolina # 4090)
- Licensed Professional Counselor Supervisor (South Carolina # 4135)
- Licensed Clinical Addictions Specialist (North Carolina # 1149)
- Master Addictions Counselor (#507180)
- Substance Abuse Professional (SAP) for Dept. of Transportation (#12882)

Memberships in Professional Organizations

- American Academy of Psychotherapists
- NAADAC, The National Association for Addiction Specialists
- The American Mental Health Counselors Association

Nature of Counseling

I only accept clients in my practice who I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling.

Please be aware that the duration of the counseling work varies. It is also voluntary, meaning it can terminate at any point that you choose. I recognize and respect that it is your right to make this determination at any point that you choose. When our work is approaching termination, it would be helpful to have at least one full session prior to the termination to process this transition.

If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention. Although I cannot promise any particular outcome, I can promise my dedication and commitment to working in this process of discovery with you.

Our sessions may be very intimate emotionally and psychologically. Therefore, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. You may learn a great deal about me as we work together during your counseling experience; however, it is important for you to remember that you are experiencing me only in my professional role.

It is also important to realize that due to the nature of the work of counseling, we, at one time or another, may address issues that may have an emotional impact or be emotionally stirring for you. In some instances, it is possible that you might even experience feeling worse before you begin to feel better.

If we are working on relationship issues, it must be understood that the counseling we do together ultimately holds no promise that the relationship will remain intact - this decision remains between you and your partner. When both individuals' goals are to improve the relationship, my work focus will be to facilitate this process of relationship enhancement to the best of my ability.

Our Professional Relationship and Ethics

As a professional, I will use my knowledge and skills to help you as best I can. This includes following the standards of the North Carolina Board of Licensed Professional Counselors (NCBLPC). In your best interests, the NCBLPC puts limits on the relationship between a therapist and a patient, and I will abide by these limits. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice counseling—not law, medicine, financial planning, or any other profession. I am not able to give you appropriate and qualified advice from these other professional viewpoints.

Second, state laws and the rules of the NCBLPC require me to keep what you tells me confidential (that is, private). You can trust me not to tell anyone what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that I try not to reveal who my patients are. This is part of my effort to maintain your privacy. If we meet in the mall, on the street, or socially, I will not approach you or initiate contact unless you initiate contact first. Furthermore, I may limit any contact initiated by you. My behavior is not intended to a personal reaction to you, it is intended to be a way to maintain the confidentiality of our relationship.

Ethics: I follow the Code of Ethics of the following organizations:

- * North Carolina Board of Licensed Professional Counselors
- * The South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists
- *The North Carolina Substance Abuse Practice Board
- * NAADAC, The National Association for Addiction Professionals

Legal Concerns

By signing this agreement you agree to advise me during the initial sessions if your intention is to use this therapy as any part of a legal proceeding. You also agree to inform me, at any point during the counseling, of any legal proceedings that develop which might impact your counseling.

If I am subpoenaed, my door-to-door fee is \$90.00 per hour.

Records and Confidentiality

Confidentiality will be maintained by me according to the criteria outlined below. However, if you wish to use your insurance to cover a portion of the costs for your counseling, you need to be advised that your insurance or managed care company will require me to provide a diagnosis, a treatment plan, and other personal information divulged to me by you during the course of our sessions. They use this information to determine whether or not your counseling warrants authorization for reimbursement. Please know that your case may be managed by people who do not know you and/or may have limited experience or clinical knowledge. Your clinical information may become part of the medical data base maintained by the insurance industry at large and may be identifiable by your social security number, name or other means within the system and that I have no control over their dissemination of this information at present or in the future.

North Carolina State Law requires that mental health professionals must report to Child Protective Services or Department of Family and Children Services any situation of suspected sexual, physical or psychological abuse between an adult and a minor. Therefore, any disclosure made during counseling sessions of sexual involvement with a minor will be reported to either of those agencies. I am committed to handling such situations in a therapeutic manner.

North Carolina State Law also requires that mental health professionals comply with "Duty To Warn" standards, which mandates that I must report to law enforcement officials any direct threats to physically harm another person. This statute applies ONLY to direct and specific threats which I have evaluated are in imminent danger of actually being carried out.

I am obligated to make an exception to confidentiality if there is a clear indication that you have any intent to harm your own body or commit suicide. In these cases, I will make every attempt to ensure your safety by contacting your emergency contact person, a family member, friend, or other person in your close proximity to ensure this safety.

In keeping with generally accepted standards of practice, I frequently consult with other mental health professionals regarding the management of cases. The purpose of the consultation is to ensure quality care. Every effort is made to protect the identity of my clients.

Appointment Scheduling/Cancellations

- A. Occasionally, appointments may need to be rescheduled. I ask that you provide a 24-hour notice to reschedule your appointment which, often, still does not allow me enough time to fill the appointment opening. However, I understand that certain situations arise that are unavoidable.
- B. If you do not provide a 24-hour cancellation notice, you will be charged \$45.00 for the missed session which is the amount of revenue I would lose for not being able to fill the session time.

Therapist Responsibilities

I agree to practice within my level of competence, licenser guidelines and ethical standards of practice.

- A. I am committed to promoting the principles of empowerment to help you move toward your goals for healing or change. I view healing as a process not an event.
- B. I am committed to therapeutic treatment approaches that strive to promote and sustain the highest level of functioning for you throughout the course of your counseling.

Fees

The standard fee for a 50 minute session is \$90.00. Many insurance companies or managed care organizations have contracted for a lesser rate - you will not be responsible for the difference.

However, if there are additional services requested or required involving my time beyond the counseling session hour, with the exception of treatment planning and routine billing, additional charges will be made at \$90.00 per hour.

By signing this agreement, you are agreeing to pay the full cost of your sessions at the time of service if self-pay, or the full co-payment of your session based on your insurance plan unless other arrangements have been made between us. Please be aware that some insurance plans require a deductible that must be met

before they begin to reimburse sessions - this means that your out-of-pocket expense will equal, and is, the deductible amount.

If a check is returned for insufficient funds, a \$40.00 service charge will be imposed to cover service charges to my account and inconvenience.

By signing this agreement you give me permission to pursue collection activities if payments have not been made or a check is presented for insufficient funds.

Change of Address

If you change your address or any phone number, please advise me as soon as possible.

Communications and Availability Between Sessions

You may be charged for phone time in excess of 10 minutes. Phone time should be limited in order to maintain good boundaries of carrying out the counseling work within the parameters of the face-to-face session.

I will attempt to return non-emergency calls within 24 hours.

I will inform you in advance when I am planning to be out of town. Another therapist will be designated for on-call availability when I am unavailable.

Emergency phone calls should be reserved for times that you are experiencing a severe and life-threatening crisis. My direct number is 828-458-1188. I will attempt to call you back as soon as possible if during normal business hours.

If, for any reason, I do not receive your call or do not call you back within a comfortable amount of time, please contact the emergency number on the back of your insurance card, or call 911, or go to the nearest hospital emergency room for assistance.

Termination of Treatment

The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some problem emerges that is not within the scope of competence of the therapist. The usual minimal termination for an ongoing treatment process is four to ten sessions but a satisfying termination to long-term work may take a number of months.

The majority of this document is mandated by both South Carolina law (Chapter 75, Title 40 of the 1976 Code), North Carolina law (Section 90-43 of the LPC Act), North Carolina Administrative Code (Rule .0204 of Chapter 53, Title 21) and Public Law 104-191 (The Health Insurance Portability and Accountability Act of 1996 – HIPAA). It is provided for **your** protection. I have tried to anticipate the risks you may face as a result of being in therapy. If you have any questions regarding documents you have received, please feel free to discuss them with me (Terri Morgan).

Please inform me (Terri Morgan) if, at any time and for any reason, you are dissatisfied with my services. If you wish to file a complaint against me, you may do so by placing that complaint in writing and sending it to the NCBLPC.

North Carolina Board of Licensed Professional Counselors
P.O. Box 1369
Garner, NC 27529
Phone: 919.661.0820 Fax: 919.779.5642

Informed Consent for Treatment: You will be asked to sign the last page of this document. Your signature verifies that you have been given this document and the HIPAA document; that you have read and understand these documents, and that you consent to treatment.

By signing this agreement, you agree to the terms outlined herein and have had the chance to ask questions or express concerns.

Client(s) Date

Printed Name(s)

Therapist Date