

Professional Disclosure Statement (Information and Consent)

Catharine Dowda 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. Dowda holds a Master of Education degree in mental health counseling from the University of North Carolina at Greensboro, her degree having been awarded in 1992. She is a Licensed Professional Counselor (LPC # 728) and a National Certified Counselor (NCC # 27970). She is also the author of *Invisible Scars: How To Stop, Change or End Psychological Abuse*, published in April 2009.

PROFESSIONAL SERVICES

Catharine Dowda's services include individual, couples, and family counseling for adults and adolescents. She was previously employed by Psychological Services of the Triad for 3 years and by Family and Children's Service for eight years; the last six of those years were spent working with the Greensboro Police Department with victims of serious personal crimes. Her training reflects eclectic influences and includes client-centered, systems, reality, existential, cognitive behavioral and developmental approaches to therapy. Her special interests include relationship concerns, victimization, self-esteem, communication, issues around anger and intimacy, grief work, anxiety, depression and adjustment disorders. If for any reason Ms. Dowda 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. Dowda respects your confidentiality. In accord with professional ethics and HIPPA (Federal Compliance Regulations), a minimum amount of necessary information about you will be released for treatment, payment and healthcare operations. She may at times consult with peers about aspects of certain cases.

Ms. Dowda 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 or 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 situations where a client maintains an unpaid balance on their account with us without having made special arrangements, their account may be turned over to the Credit Bureau, resulting in their identification as a client. Otherwise, Ms. Dowda will not reveal the fact that you are a client or anything about your treatment, diagnosis or 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 interest that contact with Ms. Dowda be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate to extend social invitations or gifts to Ms. Dowda or to ask her to relate to you in any 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 concerns.

THERAPIST CANCELLATIONS

Ms. Dowda will try to contact you as quickly as possible should she need to cancel an appointment. Inclement weather or a family emergency may necessitate rescheduling and every attempt will be made to reach you at home or work to set up another appointment.

LENGTH OF SESSIONS/MISSED APPOINTMENTS/CANCELLATIONS

Services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are fifty (50) minutes in duration and will be scheduled at mutually agreed upon times. If you must cancel your appointment, please do so promptly so the appointment time may be given to someone else.

There is no charge for sessions cancelled 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 CANCELLED, A FULL CHARGE IS MADE. Insurance companies do not reimburse missed appointments.** If no one is available to take your call, you may leave a message 24 hours a day at 336-272-8090. Please be aware that our voicemail is NOT confidential. The office staff may retrieve messages throughout the day.

THERAPIST VACATIONS/CLIENT EMERGENCIES

Ms. Dowda will try to inform you of her vacations at least one week in advance. When she is out of town or otherwise unavailable, Ms. Ball, Ms. Elliott or Ms. Glenn will help with client emergencies. Call the office (336) 272-8090 to reach one of these therapists. If you have a severe crisis and are unable to contact a therapist, please call Moses Cone Behavioral Health at (336) 832-9700 or the Guilford County Emergency number (911). If you are outside of Guilford County, please call the emergency numbers of the county where you are.

FEES/METHODS OF PAYMENT

The fee for professional services is due when the service is rendered. The initial fee for individual psychotherapy is \$150.00. Standard fee for individual therapy is \$125.00 per fifty minute session. Cash, personal checks, MasterCard or Visa are acceptable for payment.

INSURANCE

Our office will file insurance claims on your behalf. If you have a deductible it is our policy to collect the entire fee for the initial session and any subsequent sessions until your deductible has been met. However, you may pay your portion of the fee thereafter. If you prefer to file for insurance reimbursements to be paid to you instead, you will need to pay the full fee at the time that services are rendered. Should your insurance program have special arrangements, please discuss these with our office manager.

Be aware that filing for insurance requires a diagnostic statement to be placed in your permanent 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 the diagnosis before it is submitted to your health insurance company, please make Ms. Dowda aware of this, and she will discuss the diagnosis fully with you.

Please remember that Ms. Dowda's professional services are rendered to you, not to the insurance company. In accepting Ms. Dowda's 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 time of service if the co-payment is not known.

OVERDUE ACCOUNTS

All accounts become overdue after thirty (30) days if no payment or arrangements have been made. Ms. Dowda will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with Ms. Dowda because past due accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

OFFICE STAFF

Samantha Dabbs is the Insurance and Collections Coordinator for Triad Counseling and Clinical Services, LLC. Her office hours are 8:30am-4:30pm Monday through Thursday and 8:30 – 12:30 on Fridays. Carol Gillespie is the Office Receptionist for Triad Counseling and Clinical Services, LLC. Her office hours are 11:00 – 4:00 Monday through Thursday and 9:00 –12:00 on Fridays. Inquiries about accounts and insurance should be directed to either member of the staff, should you have a concern.

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 drug, 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 with Ms. Dowda, please inform her immediately. If you think that you have been treated unethically, by Ms. Dowda or any other counselor, and you have been unable to resolve the problem with Ms. Dowda, you can contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC 27529-1369, or (919-661-0820) for clarification of client rights or to lodge a complaint.

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

Catharine D. Dowda, M.Ed., LPC, NCC

Client’s Signature (or Parent/Guardian, if minor)

Date

Date

I have received a copy of Patient Right & Responsibilities which is located on the back of this statement.

PATIENTS 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 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
 - Adequate and humane services regardless of the source (s) of financial support,
 - Provision of services within the least restrictive environment possible,
 - An individualized treatment or program plan,
 - Periodic review of the treatment or program plan,
 - 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
 - Resolving conflict,
 - Withholding resuscitative services,
 - Forgoing or withdrawing life-sustaining treatment, and
 - 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 company 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.