

Traci Pulliam Collins, M.S., LPCA, NCC

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Office: 336-272-8090

Professional Disclosure Statement

Hello and Welcome! I appreciate your consideration in creating a therapeutic relationship. Please read through the following document in an effort to achieve mutual understanding and expectations about the provided counseling services. I will be happy to clarify information or answer concerns at anytime throughout the duration of the counseling relationship, and thereafter.

Qualifications, Experience, and Interests

In 2011, I received a master's degree in clinical mental health counseling from the University North Carolina at Greensboro. I am licensed as a Licensed Professional Counselor Associate [LPCA #A8880] approved by the North Carolina Board of Licensed Professional Counselors [NCBLPC]. Also, I am certified as a National Certified Counselor [NCC #283517] by the National Board for Certified Counselors. During my master's program, I provided individual and group counseling services to college students and adult community members for approximately a year and a half. I have also completed additional training in family therapy, couples therapy, and women's issues.

My special interests include marriage counseling, couples counseling, family counseling, relationship concerns, parenting concerns, women's issues, developmental transitions, adjustment disorders, depression, anxiety, spirituality, career issues, and communication, intimacy, attachment, and self-esteem difficulties. If I do not believe that I have the experience or training necessary to work with your particular situation, I will refer you to another to mental health professional that can more effectively work with your concerns or difficulties.

Counseling Services

Overall, it is always my goal to create a safe, accepting, and comfortable environment, which is conducive to allow you, the client, to grow in self-awareness and self-acceptance. Initially, it is my goal that we work together to form a mutually desirable relationship and focus our counseling sessions by setting goals, which we will continue to assess throughout the counseling process. My general counseling approach is Cognitive-Behavioral Therapy and Emotionally Focused Therapy. However, I have a great interest and draw many techniques from other theoretical approaches.

As a counselor, I am unable to prescribe medication. In the event that a referral is necessary, a medical doctor or nurse practitioner will appropriately evaluate the situation and make their suggestions for treatment. A diagnosis is a description of a pattern of behaviors. It is important to be aware that a diagnosis does become part of your permanent record.

Session Description/Missed Appointment or Cancellations

Sessions are scheduled to be 45-50 minutes in duration. In order to stay focused and progress towards the decided goals, it is important to establish regularity among the counseling process. Certainly, situations will arise that disallow sessions to occur. However, it is my goal that the counseling sessions do began and end on time. Please give a 24-hour notice for the cancelation of an appointment. If I do not receive notice of cancelation at least 24-hours before the scheduled appointment, you may be responsible for the full price of the missed session. FOR A MISSED APPOINTMENT THAT IS NOT CANCELLED, A FULL CHARGE IS MADE. If no one is available to take your call, you may leave a message 24 hours a day at 336-272-8090. A recurring problem with cancelations or missed appointments may result in termination of services.

Please do not appear for a session under the influence of alcohol or any mind-altering drug. If this occurs the session will be cancelled and you will be charged for the missed session, and ultimately termination of the counseling relationship may occur.

Therapist Vacations or Cancellations/ Client Emergencies

In the event that I may need to cancel an appointment, I will try to contact you as quickly as possible. Inclement weather or emergencies may require rescheduling. I will make every attempt possible to contact you at home, work, or on your cell phone to arrange another appointment.

I will inform you of scheduled vacations at least 1 week in advance. During this time or when I am otherwise unavailable, you may leave a message for me at the office (336-272-8090). If you are having an emergency or severe crisis and are unable to reach me, please call Moses Cone Behavioral Health (1-800-525-9375) or High Point Behavioral Health (1-800-525-9375). Also, you may call the Guilford County Emergency number (911). If you are outside of Guilford County, please call the emergency number for the county where you are or call (911).

Payments and Fees

The fee for an intake session is \$90. The fee for a standard 50-minute session is \$75. I accept cash, check, and credit card payments, but I do not bill health insurance companies for services at this time. When I am able to bill for health insurance services, I will let you know of that change and the payment arrangements will be reassessed at that time. Please note that a recurring problem with missed appointments and/or nonpayment for services may result in termination of services.

I understand that there may be a time where you need to call me between sessions. It is important to note that phone calls are not charged unless they exceed 15 minutes. If your call is more than 15 minutes or a combination of calls is more than 15 minutes, you will be charged on a prorated basis relative to the hourly fee originally agreed upon. If I am summoned to court on your behalf, you are responsible to pay the agreed upon hourly rate for any associated time and efforts. This includes, but is not limited to, time spent in transcribing records, time in court, travel, meals, and any wait time preceding the actual court appearance.

Overdue Accounts

I will make every effort to cooperate and make arrangements with any individual seeking counseling services that has financial concerns. However, if no payment has been made or any special arrangements set in place, all accounts become overdue after thirty (30) days. If you maintain an unpaid balance on your account without making special arrangements, the account will be turned over to the Credit Bureau. This will result your identification as a client.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social relationship. Therefore, our contact will be limited to the sessions you arrange with me, so please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way than a professional context of our counseling sessions. It is in your best interest if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. During the counseling experience, you will learn a great deal about me as we work together, however, it is important for you to remember that you are experiencing me in my professional role. If we encounter one another outside of the counseling sessions, I will not approach you in order to protect your confidentiality. Please understand that it is in your best interest as a client that our contact be limited to strictly a professional relationship.

Confidentiality

As a counselor, I abide by the standards of confidentiality set forth by the NCBLPC, and upheld by the state law. Therefore, the information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and anytime thereafter will be held confidential. However, there are several situations in which I cannot legally or ethically hold the information confidential, such as:

1. If you disclose directly or it is reasonably suspected that you will pose imminent danger to the health and safety of yourself or others;
2. If at anytime you disclose that a child or elder adult has been or will be abused or neglected;
3. In the event that a court order requires the release of case records or direct testimony;
4. If you request that your records be released, and sign a release of information form;
5. If you are a minor, your confidentiality is constrained by the request of your parent and/or legal guardian.

Once again, the information disclosed throughout the counseling process will be held confidential according to license and state law. It is important to be aware that, at times, I may participate in supervision/consultation with other licensed professions, so that I may receive feedback about treatment strategies in order to be most effective as your counselor. I will not reveal your identity without your express written consent. Also, in a counseling setting with multiple clients, such as group, family, or couples counseling, it is important to note that I can only guarantee my own assurance to uphold confidentiality as described above.

Termination

It is my hope that the counseling sessions will lead you to a more desirable place and that you will experience improvement regarding your reasons for seeking counseling services. Every situation is unique and it is impossible to determine the exact course and length of the counseling sessions. However, throughout the counseling process, the goals for therapy will be reassessed. At the appropriate time, termination will be discussed.

It is important to know that you may choose to terminate services at any time. If you decide to discontinue therapy abruptly and without notice, I will call you no more than two times to follow up with you within two weeks following our last session. If you do not return my calls, your file will be closed and it will be noted that you terminated therapy with me without notice or consultation.

Complaints

My goal is to establish a nurturing relationship with all clients, and certainly I would want to know if that was not being achieved. If you are unhappy with any aspect of the provided counseling services please feel encouraged to discuss this with me. If you feel that your concern has not been resolved after communicating that concern to me, you may contact and voice your concern to my supervisor Dr. Katherine Glenn at (336) 272-8090. You may also contact the North Carolina Board of Licensed Professional Counselors, PO Box 1369, Garner, NC 27529, Phone: 919.661.0820

I look forward to working together in a counseling relationship. If you have any questions regarding the information in this document or any other part of the counseling process, please feel free to let me know.

Traci Pulliam Collins, M.S., LPCA, NCC

Date

Client's Signature (Parent/Guardian)

Date