

Professional Disclosure Statement  
(Information and Consent)

Nancy Conrad Ball 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. Ball 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 #769) and a National Certified Counselor (NCC #27975). She was the recipient of the UNC-G Department of Counseling and Development Distinguished Practitioner award in 1996 and the Chi Sigma Iota Counseling Academic and Professional Honor Society Outstanding Practitioner award in 1998.

**PROFESSIONAL SERVICES**

Nancy Conrad Ball's services include individual, couples, family & group counseling for adults & adolescents. She was previously employed by Psychological Services of the Triad for 3 ½ years and completed her internship at Urban Ministry of Greensboro. Her therapeutic approach reflects eclectic influences derived from her training in existential, psychodynamic, strategic, family systems, reality, developmental & cognitive-behavioral theories of counseling. Her special interests include relationship concerns, marital problems, separation, divorce, child custody mediation, stepfamily issues, communication, anxiety, depression, victimization, women's issues, developmental transitions of adulthood, and grief counseling. If for any reason Ms. Ball 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 that is prepared to work more effectively with your presenting concern.

**CONFIDENTIALITY**

Ms. Ball respects your confidentiality. In accord with professional ethics and HIPAA (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. Ball 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 their account may be turned over to the Credit Bureau, resulting in their identification as a client. Otherwise, Ms. Ball 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 interests that contact with Ms. Ball be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate to extend social invitations or gifts to Ms. Ball or to ask her to relate to you in any other 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. Ball will try to contact you as quickly as possible should she need to cancel an appointment.

## **LENGTH OF SESSIONS/MISSED APPOINTMENTS/CANCELLATIONS**

Services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are forty-five (45) to 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.**

## **THERAPIST VACATIONS/CLIENT EMERGENCIES**

Ms. Ball will try to inform you of her vacations at least one week in advance. When she is out of town or otherwise unavailable, Ms. Dowda, 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 (800) 711-2635 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. Ball aware of this, and she will discuss the diagnosis fully with you.

Please remember that Ms. Ball's professional services are rendered to you, not to the insurance company. In accepting Ms. Ball'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% copy 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. Ball will make every effort to cooperate with any individual who has special financial concerns. Please discuss this matter with Ms. Ball because past due accounts may be turned over to the Credit Bureau for processing if no special arrangements are made.

**OFFICE STAFF HOURS**

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

**COMPLAINT PROCEDURES**

If you are dissatisfied with any aspect of your counseling experience with Ms. Ball, please inform her immediately. If you think that you have been treated unfairly or unethically, by Ms. Ball or any other counselor, and you have not been able to resolve the problem with Ms. Ball, you can contact The North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC, 27529-1369, (919) 661-0820 for clarification of client rights or to lodge a complaint.

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

\_\_\_\_\_  
Nancy C. Ball, M.Ed., LPC, NCC

\_\_\_\_\_  
Client’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I have received a copy of Patients Rights and Responsibilities which is located on the back of this Disclosure 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.