

J. Scott Young, Ph.D., NCC, LPC
PROFESSIONAL DISCLOSURE STATEMENT
(Information and Consent)

I am pleased that you have selected me for your counselor. The following information is designed to inform you of my background and to ensure your understanding of the nature of the professional therapeutic relationship, your rights as a client and polices and procedures.

I hold a Doctor of Philosophy degree in Counselor Education and Supervision from the University of North Carolina at Greensboro, my degree having been awarded in 1996. I have been a professional counselor since 1990 and am a Licensed Professional Counselor in the State of North Carolina (#2123) and Mississippi (#0848) as well as a National Certified Counselor (#35904).

Professional Services

My services include individual, couples, family and group counseling with adults and adolescents. My training in individual, couples, and family counseling is in the areas of anxiety and depressive disorders, co-dependency, chemical dependency, relationship issues, victimization/trauma issues (physical and sexual abuse) and developmental transitions. My therapeutic approach reflects eclectic influences derived from my training in the psychodynamic, family systems, cognitive-behavioral, and Gestalt theories of counseling. I view problems as generally being developmental in nature and approach each person, couple, family or group situation in a unique fashion. If for any reason I do not believe I have the experience or training necessary to work with your particular difficulty or situation, I will refer you to another mental health professional that is prepared to work more effectively with you presenting concerns.

Confidentiality

I respect your confidentiality. In accordance with the professional ethics, I may, at times, consult with peers about the aspects of certain cases. I will not reveal your identity in colleague consultations without your written consent.

I will only identify a client in the following situations: a) if you have signed a consent for me to discuss your case with another professional or family member, etc.; b) if you report to me an imminent intention to seriously harm yourself or someone else; or c) if you reveal to me 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 without having made arrangements, their account will be turned over to the Credit Bureau, resulting in identification as a client. Otherwise, I 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 the professional relationship be based on respect, safety, and trust. Therefore, it is in your best interest that contact with me be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate to extend social invitations or gifts to me or ask me to relate to you in any other way outside 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.

Length of Sessions/Missed Appointments and Cancellations

Services will be provided 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 that the appointment time may be given to someone else. There is no charge for cancellations 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 THAT IS NOT CANCELED, A FULL CHARGE IS MADE.** In no one is available to take your call, please leave a message at 336-334-3464 (office).

When I am out of town or otherwise unavailable, you may leave a message for me to return your call at my office. If you have a severe crisis and are unable to contact me, please call The Guilford Center Behavioral Health and Disability Services at 800-853-5163 (during business hours) 336-641-4993 (after hours) or the Emergency number (911).

Fees/Methods of Payment

The fee for professional services is due when the service is rendered. Fees for specific visits vary depending upon the purpose of the visit and the type of services rendered. Standard fee for an initial intake/assessment session is \$170.00. Individual therapy is \$140.00 per fifty-minute session. Cash or personal checks are acceptable for payment.

Insurance

Most insurance policies cover a portion of outpatient mental health services only after a yearly deductible. At present, most insurance coverage's do not extend to couples and family counseling. If you are in doubt about your coverage you should contact your insurance company directly and discuss this with me.

It is my policy to collect the entire fee for a session at the time that we meet. If you wish to file with your insurance company I will provide you with a billing statement. Be aware that filing insurance requires a diagnostic statement to be placed in your permanent insurance records. I will inform you of any diagnosis made for this purpose before it is submitted to the health insurance company. Forms must be signed by you in order to authorize the release of confidential information.

Please remember that my professional services are rendered to you, not to the insurance company. In accepting my services you also accept the responsibility of paying these services should your insurance company pay only a part of the fee or deny the claim altogether.

Diagnosis of Mental Disorders

If I diagnosis a mental disorder, this information is documented in my case notes and becomes a part of your records. Insurance companies customarily require that a diagnosis be given so that a claim for counseling services can be filed.

Use of Mind-altering Drugs or Alcohol

Do not appear for a session under the influence of any mind-altering drug, including alcohol. Should the situation occur, the therapy session will not take place and you will be charged 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 please inform me immediately. If you think that you have been treated unfairly or unethically, by me or any counselor, and you have not been able to resolve the problem, you can contact the North Carolina Board of Licensed Professional Counselors, P. O. Box 1369, Garner, NC 27529, Phone; 919-661-0820, Fax: 919-779-5642, (www.ncblpc.org) for clarification of client rights or to lodge a complaint.

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

Client's Signature

Date

Counselor's Signature

Date