

Pamela M. Bertolino, MSW, LCSW
Outpatient Psychotherapist and Clinical Supervisor

PEACE OF MIND, INC.
817 West Front Street, P.O. Box 2088
Lillington, NC 27546
Office: (910) 814-2197 Ext. 14
Fax: (910) 814-2167
Emergency Cell: (919) 586-1002
Web Site: www.peace-of-mind-inc.com
E-mail: pam@peace-of-mind-inc.com

PROFESSIONAL DISCLOSURE STATEMENT

This document is designed to inform you about my background, approach to therapy and to ensure that you understand our professional relationship.

THE PSYCHOTHERAPY RELATIONSHIP:

Psychotherapy is both a helping relationship and a process of change. The therapist and client work on identified problems in a collaborative manner. This includes developing a plan for meeting your needs. In each session, we will review progress toward goals, assess symptoms, and focus on immediate objectives. What you will bring to our work is important, including willingness to change certain behaviors, regular and timely attendance at sessions, openness and trust.

The relationship between therapist and client is one that is professional and purposeful. Therefore, it is inappropriate for me to have social relationships with any of my clients. This includes, being invited to social gatherings or participating in social networking sites such as: Facebook, Twitter, LinkedIn, etc.. This is mentioned now so that there is no confusion or misunderstanding later.

It is my policy to avoid testimony in court re: custody, divorce proceedings or other matters. Testimony by a therapist has been found to interfere with the purpose of therapy. Only court appointed experts, investigators or evaluators can make recommendations to the court.

ABOUT YOUR THERAPIST:

Pamela M. Bertolino, MSW, LCSW:

I have a Master's Degree in Social Work from Boston University and a Bachelor of Arts Degree in Psychology from Merrimack College. I am a Licensed Clinical Social Worker in NC. In addition, I am a member of the National Association of Social Workers. I have worked in a variety of mental health settings for the past thirty years. I began working in inpatient psychiatric settings and moved on to medical and geriatric psychiatry, community mental health,

and eventually private practice. I provide individual, family, couples and group psychotherapy to adolescents through adults. My approach is an integrated combination of Cognitive Behavioral Therapy; Solution focused Brief Therapy, Motivational Interviewing, Dialectical Behavioral Skills training and Relaxation Training. I believe in meeting clients where they are and tailoring my approach to each individual.

TREATMENT, SERVICES AND FEES:

Your therapist is a self-employed, Licensed Clinical Social Worker in private practice, working in the context of a group practice.

Current insurance panels include: Aetna, Blue Cross/Blue Shield, Ceridian, CHAMP-VA, Medicare, Managed Health Network (MHN), Military OneSource, New Directions, Tricare, United Healthcare and United Behavioral Health (UBH).

Fees charged for client sessions are as follows and there is not a sliding fee scale:

Initial Assessment:	\$120.00
Psychotherapy Session:	\$ 100.00
Supervision of LCSW:	\$ 75.00

Cash, checks or credit cards are acceptable methods of payment.

MISSED APPOINTMENTS:

Sessions are by appointment only and are typically 45 minutes long. The appointment time is reserved for you. Therefore, in an ongoing effort to reduce insurance costs and manage clinic time, we do ask that you cancel or change an appointment 24 hours before your scheduled time. There will be a \$50.00 fee for late cancellations or no show appointments. Frequent cancellations are an issue that affect the therapy relationship and will be addressed as they occur. Please take time to record your appointments on your personal calendar. We will make every attempt to give you a reminder call or text message. but whether or not you receive this, keeping up with your appointment date and time is your responsibility.

AFTER HOURS CALLS AND EMERGENCIES:

Peace of Mind, Inc. does not provide emergency answering services for evenings and weekends. I do frequently check messages left on my voice mail. If there is a real emergency that cannot wait until our next session, you can call the emergency cell phone number at: (919) 586-1002.

If there is an emergency and you are unable to receive a timely response, please call 911 or utilize the emergency department at your local hospital.

CONFIDENTIALITY:

Your therapist will respect your right to privacy and avoid unwarranted disclosures of confidential information. Safeguards are in place, however complete protection of privacy cannot be promised. In rare cases, courts may order disclosure of medical records.

Confidentiality may also be breached in emergency situations to protect the safety of the client or to prevent harm to others. North Carolina law requires reporting of child abuse or elder abuse and a release of information is not necessary in these situations.

If you wish to have your therapist communicate with a third party or if you request a transfer or release of your medical records, you will be asked to sign a release form. In addition, you will be provided with a copy of HIPPA regulations, which were put in place primarily to protect client medical data.

USE OF DIAGNOSIS:

As is true in all medical billing, your insurance company requires that we indicate a code number to represent your diagnosis: they will not reimburse without that code. On occasion, insurance companies may also audit charts, though their sole concern would be to examine for deficits in the method of documentation or billing. Insurance companies usually require treatment plans when authorization for further services is needed. Since reimbursement is based on medical necessity, involving symptom-based criteria, your symptoms may be noted in this kind of report.

Please be aware that diagnoses will become part of your medical record, and although this information will be safeguarded to the extent possible, this information may have to be released if the record is subpoenaed into court.

REGISTERING COMPLAINTS:

If you are dissatisfied with our work, please inform me immediately. This communication will make our work together more efficient and effective. If you think that you cannot resolve this problem with me, you can contact the: North Carolina Social Work Certification and Licensure Board, P.O. Box 1043, Asheboro, North Carolina 27204.

NAME _____

MR # _____

Before your appointment please review your therapist's professional disclosure statement and curriculum vita. You can also access this information on our web site by visiting: www.peace-of-mind-inc.com .

PROFESSIONAL DISCLOSURE ACKNOWLEDGEMENT:

Please feel free to ask questions at any time.

By signing below, you are agreeing that an opportunity has been provided to discuss any concerns you may have prior to committing to counseling. The invitation to open discussion will remain in effect throughout the relationship.

Client/Parent/Legal Guardian Signature

Date

Witness Signature

Date