

***William R. Powell, LPC-S, MSED, NCC, LMHC***  
***Therapist – Clinical Supervisor***

**PEACE OF MIND, INC.**  
**817 West Front Street, Lillington, NC 27546**  
**P.O. Box 2088 Lillington, NC 27546-2088**  
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**Web Site: [www.peace-of-mind-inc.com](http://www.peace-of-mind-inc.com)**  
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**PROFESSIONAL DISCLOSURE STATEMENT**

This document contains important information, and you are asked to review and retain it for future reference.

**THE COUNSELING RELATIONSHIP:**

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

**ABOUT YOUR COUNSELOR:**

***William R. Powell***

***LPC-S, MSED, NCC, LMHC***

- Is licensed by the North Carolina Board of Licensed Professional Counselors (LPC-S # S6861, June 4, 2012), (LPC # 6861, January 5, 2008) Expires June 30, 2016.
- Is licensed by the New York State Education Department: Office of the Professions a Licensed Mental Health Counselor (LMHC # 000242, January 3, 2006) Expires May 31, 2017.
- Is has been credentialed by the National Board of Certified Counselors (NBCC) as a National Certified Counselor (NCC # 56621, July 2001) Expires June 30, 2017.
- Holds a Master of Divinity Degree from Asbury Theological Seminar, Wilmore, KY in May of 1987.
- Holds a Master's Degree in Education, with a concentration in mental health counseling, awarded by The Graduate School, Alfred University, Alfred, NY, in May of 1999.
- Has 17 years' post-master's counseling experience with children, adolescents, and adults.
- Has 3 years' experience as a clinical supervisor.
- Has had 35 years' experience with counseling parishioners, including experience with people in recovery from drugs and alcohol.
- Has 7 years' experience working in the field of domestic violence and has provided the education for men who batter in Steuben County, NY.
- Is trained to utilize Eye Movement Desensitization and Reprocessing (EMDR) for treatment, especially trauma.
- Is trained to utilize Trauma Focused – Cognitive Behavioral Therapy for treatment of the trauma of sexual abuse.
- Is currently serving children, adolescents and adults, in individual and family group therapy specializing in marital difficulties, in family therapy; stepfamily dynamics, violence prevention and trauma issues.

## TREATMENT, SERVICES AND FEES:

Your counselor is self-employed in working with Peace of Mind, 817 West Front Street, Lillington, North Carolina. Current insurance panels include: Aetna, BCBS, Ceridian EAP / Lifeworks, Champ VA, ComPsych, IPRS (Sandhills Center), Magellan EAP, Medicaid (Alliance MCO and Sandhills Center), Military OneSource, NC Health Choice, NC State Health Plan, Tricare Prime, and Tricare Standard. There is no sliding fee scale. Fees charged for client sessions are as follows:

- Initial Assessment      \$150
- Individual Session        90
- Family Session                      110
- Clinical Supervision      90

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

Your session will start on time and will typically last 53 minutes for individual. Your counselor's framework and theory used is family systems and your counselor will utilize Cognitive Behavioral Therapy, Trauma Focused-Cognitive Behavioral Therapy, EMDR, Strength Based Therapy or Brief Solution Focused Therapy as interventions, all of which will be explained to you in an understandable manner at the first session.

You can expect to learn specific skills intended to enhance relationships, and you will have the opportunity to practice new skills within the safety of the counseling sessions. While the process of learning and change is sometimes uncomfortable, you can expect no harm to come within the counseling relationship. Should you find, in practicing your new skills at home, school, or work that the result has an unintended negative effect in your life; you can also expect to bring that information to your next appointment, where modifications can be considered. Always, your sense of safety is the primary concern and focus.

## AFTER HOURS CALLS/EMERGENCIES:

Cancellations and changes to appointments can be made weekdays during or after business hours at **(910) 814-2197** or by emailing **william@peace-of-mind-inc.com**. While Peace of Mind, Inc. does not provide emergency answering service for evenings and weekends I do frequently check messages on the office answering machine, and messages will also reach me by calling the emergency cell phone number at: **(607) 769-0384**. **If there is an emergency and you are unable to receive a timely response please call 9-1-1 and utilize the emergency department at your local hospital. Therapeutic Alternatives also provides mobile crisis management and they can be reached by calling: 1-877-626-1772**

## MISSED APPOINTMENTS:

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. Frequent cancellations are an issue that affect the counseling 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, but whether or not you receive this call, keeping up with your appointment date and time is your responsibility. Therapists in the group reserve the right to charge \$50.00 for a missed appointment without a 24 hour cancellation notice.

## **CONFIDENTIALITY:**

Your counselor respects your right to privacy and avoids unwarranted disclosures of confidential information. Safeguards are in place, but 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 report of child abuse or elder abuse and your Counselor does not need a Release to speak to authorities in these cases.

If you wish your Counselor to 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 are being provided with a copy of HIPAA regulations, which were put into place primarily to protect vulnerability of client medical data due to increased use of electronic technology.

## **CORRESPONDENCE, CONSULTATIONS, COPIES, AND REPORTS:**

Phone calls, e-mail correspondence, consultations, and reports are not considered counseling services and are not reimbursable through insurance companies. Each report generated will require an out of pocket fee ranging from \$25.00 - \$50.00 and must be paid before a report will be released. Consultations, phone calls and e-mail correspondence will require an out of pocket fee based on \$2.00/minute and must be paid at time of service. A photocopy fee of \$.50/page will be charged and must be picked up at the office, allowing a one-week turnaround time. Release of records form must be signed by the patient/guardian and the fee must be paid at the time the records are requested. Requests must be made in writing.

## **ACCEPTANCE OF SUBPOENA AND COURT APPEARANCES:**

Any knowledge or intention of court appearances, on the part of clients, is expected to be discussed at the first session, or as soon as the information becomes available to the client/guardian. It is the position of the therapists at Peace of Mind, Inc. that courtroom testimony adversely affects the therapeutic relationship and interferes with the counseling process. All matters of child custody and/or visitation will be referred to a forensic child custody specialist and/or a Guardian ad Litem, and immediate response of accepted subpoena will be responded to by a Motion to Quash.

Further, subpoenas will not be accepted unless they are signed by the judge overseeing the case, and properly served, as in: via certified mail or in person, with a minimum of two weeks' notice.

Deposit for courtroom testimony will be paid prior to discussion of appearance, and deposit amount will be \$250.00.

## **USE OF DIAGNOSIS:**

As is true in all medical billing, your insurance company requires 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 you need authorization for additional services. Since reimbursement for treatment 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 issues arise in the course of the counseling relationship, it is hoped that these will first be addressed directly with your counselor. However, if you remain convinced that Professional Ethics have been violated, formal complaint may be registered in writing. Appropriate Forms are available upon request from the North Carolina Board of Licensed Professional Counselors, by addressing a letter to P.O. Box 77819, Greensboro, NC 27417; calling (844) 622-3572 or (336) 217-6007; or by visiting the web site and downloading a form at [http://www.ncblpc.org/forms/10\\_Complaint\\_Form/Complaint\\_Form.pdf](http://www.ncblpc.org/forms/10_Complaint_Form/Complaint_Form.pdf)

NAME \_\_\_\_\_

MR # \_\_\_\_\_

**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 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**William R. Powell**  
**LPC-S, MEd, NCC, LMHC**  
(Rev. 20160101)

\_\_\_\_\_  
**Date**