

Donna Rogers, LPC

Peace of Mind, Inc.

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E-Mail: donna@peace-of-mind-inc.com

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 your 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 Therapist:

Donna Rogers is originally from Youngstown, Ohio and earned her dual Bachelors of Arts degrees from Mount Union College in both French and Psychology in December of 2000. She was a teacher in middle and high schools for 10 years, in both Ohio and North Carolina, before returning to graduate school to pursue a master's degree. Donna completed her graduate practicum and internships at Peace of Mind, Inc., under supervision of Molly VanDuser. During this period she received specialty training in Autism, trauma, grief, and ADHD. Donna received a master's of arts degree in mental health counseling from Argosy University, Sarasota Campus, in April 2012 and was awarded her Licensed Professional Counseling Associate License in September 2012, and her Licensed Professional Counselor License in January 2015. Donna has completed a one week hands on training through the TEACCH Autism Program – Services Across the Lifespan through UNC School of Medicine for adolescence and young adulthood. Donna completed the Advanced Topics Seminar through the TEACCH Autism Program – Services Across the Lifespan through UNC School of Medicine, and is working towards becoming a TEACCH Certified Practitioner. Donna has completed Certified Clinical Trauma Professional training and has received certification through the International Association of Trauma Professionals.

Counseling Background

Donnas' experience working with middle and high school aged adolescents spanned over a ten year period of teaching French, Psychology, Sociology, and Theatre Arts, as well as completing her graduate practicum and internship at Peace of Mind, Inc. Donna has worked as an LPC-A at Peace of Mind, Inc. since October 2012. Experience at the private practice included working with children, adolescents, adults, couples and families. Donna has experience working with multicultural issues as well, given the diversity of students and subjects that she has taught as well as the diversity of the clients she worked with during her Practicum and Internship, and time as an LPC-A. Specialty areas include: Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Person Centered Therapy, Autism Spectrum Disorders, ADHD, Depression, Anxiety, Adjustment Disorder, Anger Management, Parenting Skills, and Play Therapy.

TREATMET, SERVICES AND FEES:

Your counselor is a self-employed, Licensed Professional Outpatient Treatment Counselor at Peace of Mind, in Lillington, North Carolina.

Current insurance panels include: Medicaid, Blue Cross Blue Shield, IPRS, and Self Pay.

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

- Initial Assessment: \$150
- Individual Session \$90
- Family Session \$110

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

Your session will start on time and will typically last 50 minutes. Your counselor's framework and theory used is family systems and your counselor will utilize cognitive behavioral strategies and interventions, all of which will be explained to you in an understandable manner at the first session. Should the services provided be for Autism Spectrum Disorder, your counselor will use Structured TEACCHing interventions which will be explained to you as well 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**. 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 call the emergency cell phone number at: **(910) 658-5592**. **If there is an emergency and you are unable to receive a timely response please do 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 HIPPA 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 the 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 of 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 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

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require a diagnosis of a mental health condition and indicate that you must have a mental health diagnosis before they will agree to reimburse. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent clinical and insurance records.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below if you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics: (<http://www.counseling.org/Resources/CodeifEthics/TP/Home/CT2.aspx>). However, if you remain convinced that Professional Ethics have been violated, a formal complaint may be registered in writing. Appropriate Forms are available upon request from the North Carolina Board of Licensed Professional Counselors at:

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417

Phone: (844)622-3572 or (336) 217-6007

E-Mail: ncblpc@mgmt4u.com ;

or by visiting the web site and downloading a form at:

http://www.ncblpc.org/forms/10_Complaint_Form/Complaint_Form.pdf

NAME _____

MR # _____

Before your appointment please feel free to 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