

***Molly L. VanDuser, M.S. Ed., LPCS, NCC***  
***President/Clinical Supervisor***

**PEACE OF MIND, INC.**  
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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: *Molly L. VanDuser, M.S. Ed, LPC-S, NCC:***

- Is president and owner of Peace of Mind, Inc.
- Is a Tricare Certified Mental Health Counselor
- Has been licensed since May 20, 2005, by the North Carolina Board of Licensed Professional Counselors (NCBLPC) as a Licensed Professional Counselor (LPC #4963), and has been credentialed by the National Board of Certified Counselors (NBCC) as a National Certified Counselor (NCC # 56119) since June 1, 2001.
- In October 2011 NCBLPC awarded Licensed Professional Counselor Supervisor (LPC-S #4963) and offers clinical supervision for graduate counseling practicum and internship students, and Licensed Professional Counselor-Associates (LPCA).
- Holds a Master's Degree in Education, with a concentration in mental health counseling, awarded by Alfred University, in New York State, in May of 1999.
- Has 16 years of post-master's counseling experience with children, adolescents, and adults, and has an additional 5 years pre-master and undergraduate experience in career exploration and personal guidance with college students, displaced workers, and disabled students.
- Has extensive treatment experience working in the field of trauma assessment and treatment, including: crisis and disaster mental health services; childhood sexual abuse; sadistic ritual abuse; dissociative identity disorder; military combat stress; PTSD; domestic violence; and children's divorce reaction.
- Is currently serving children, adolescents and adults, in individual, family and group therapy, and specializing in family therapy; stepfamily dynamics, violence prevention, trauma issues, and military adjustment issues.

## TREATMENT, SERVICES AND FEES:

Your counselor is a self-employed, Licensed Professional Outpatient Treatment Counselor, and President/Owner of the corporation, Peace of Mind, in Lillington, North Carolina.

Current insurance panels include: Aetna, American Behavioral Health, Blue Cross/Blue Shield, Ceridian LifeWorks EAP, CHAMPVA, Cigna Behavioral Health, ComPsych EAP, Corphealth, Doctor's Direct, First Choice Health, FOH EAP, LifeSynch, Magellan EAP, Managed Health Network/Healthnet (MHNnet), McLaughlin Young Group (MYG EAP), MedCost, Medicaid, Military One Source., NC Health Choice, NC State Health Plan, Patient Centered Community Care – PC3 – Non-VA Medical Care, TRICARE Prime, Tricare Standard, Tricare for Life, and Value Options.

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

<input type="checkbox"/> Initial Assessment	\$150
<input type="checkbox"/> Individual Session	90
<input type="checkbox"/> Family Session	110
<input type="checkbox"/> Clinical Supervision	90

Cash or checks are acceptable methods of payment.

Your session will start on time and will typically last 53 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.

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 we do frequently check messages on the office answering machine. **In the event of a crisis, call the emergency cell phone number at: (919) 812-2863.** If there is a crisis 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, a 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 # \_\_\_\_\_

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](http://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

**Peace of Mind, Inc.**  
**Patient Rights and Responsibilities**

**MAKE SURE:**

1. You are provided a professional disclosure statement indicating our training, experience, and philosophy of counseling. If you sign that you have read the disclosure, you are indicating informed consent to therapy.
2. You are provided the HIPPA statement to read and sign that you understood the privacy of your records.
3. If you are an member of Magellan, Value Options, or United Behavioral Health; make sure you are provided their copy of your rights and responsibilities or go to their web page to read a copy.
4. **Take an active role** by honestly sharing your thoughts, feelings, and concerns.
5. Your goals are understood and that you follow through with accomplishing them.
6. You have the opportunity to participate in the Treatment Planning and **how** to accomplish your goals.
7. You understand the Treatment Plan. It is your pathway to success.
8. You know how to contact your therapist in an emergency situation.
9. You are treated with consideration and respect and address with us if you feel otherwise.
10. Your questions are answered. There are no silly questions.
11. You make a commitment to your success, which includes working through the tough spots, following through on homework, and being on time for your appointments.
12. You end your counseling relationship before entering into arrangements with another counselor so you can have the benefit of expressing what works for you and what doesn't and you may learn of other helpful resources.

**Appointments**

1. Appointments are scheduled weekly, biweekly, or monthly. If you would like to reserve a certain time period for several weeks in advance, please let us know.
2. If you are unable to keep your appointment, every effort should be made to cancel as far in advance as possible. Other clients may have preferred the time slot you took for your appointment and we can better organize our time when we know what to expect for the day. If you fail to notify us that you will not be coming and you fail to come to your appointment, a fee will be charged.
3. The therapy "hour" is 45-60 minutes.
4. The frequency of your appointments will be a joint decision, however, we strongly encourage that the first four sessions be weekly so goals can be established and we can fully develop a working relationship.

**Our Role as Therapists**

1. Bring about awareness
2. Help define problems
3. Help develop alternatives/options/resources for dealing with challenges
4. Notification and resource sharing of your right to medical care and habilitation