***William R. Powell,***

***MSEd, NCC, LMHC, LCMHCS***

***Therapist–Clinical Supervisor***

**PEACE OF MIND, INC.**

**817 West Front Street, Lillington, NC 27546**

**P.O. Box 2088 Lillington, NC 27546- 2088**

**Office: (910) 814-2197 Ext. 102**

**Fax: (910) 814-2167**

Emergency Cell: (607) 769-0384

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 keep it for future reference.*

**THE COUNSELING RELATIONSHIP:**

Counseling is both a helping relationship and a process of change. Client and Counselor work on identifying problems collaboratively. 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***

***MSEd, NCC, LMHC, LCMHCS***

* Is licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors (LCMHCS # S6861, June 4, 2012), (LCMHC # 6861, January 5, 2008)
* Is licensed by the New York State Education Department: Office of the Professions, a Licensed Mental Health Counselor (LMHC # 000242, January 3, 2006),
* Is credentialed by the National Board of Certified Counselors (NBCC) as a National Certified Counselor (NCC # 56621, July 2001).
* Holds a Master of Divinity Degree from Asbury Theological Seminary, Wilmore, KY in May 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 1999.
* Has 22 years’ post-master’s counseling experience with children, adolescents, and adults.
* Has 9 years’ experience as a clinical supervisor.
* Has had 42 years’ experience with counseling parishioners, including experience with people in recovery from drugs and alcohol.
* Has 7 years’ experience working in domestic violence and has educated men who batter in Steuben County, NY.
* Is trained to use Eye Movement Desensitization and Reprocessing (EMDR) for treatment, especially trauma.
* Is trained to use Trauma Focused–Cognitive-Behavioral Therapy (CBT) for treatment for the trauma of sexual abuse.
* Is trained to use Dialectical Behavioral Therapy (DBT) for treatment of various issues.
* Is trained to utilize Accelerated Resolution Therapy (ART) for treatment, especially trauma.
* 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, Inc., 817 West Front Street, Lillington, North Carolina. Current insurance panels include: Aetna, BCBS, Ceridian EAP / Lifeworks, Champ VA, Cigna, 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:

* Initial Assessment $150
* Individual Session $90
* Family Session $110
* Clinical Supervision $90

Cash or credit/debit cards are acceptable methods of payment.

Typically, your first session will be scheduled within 14 days of a referral or request for treatment, often this is accomplished within the week of first contact. Your session will start on time and will typically last 45 minutes for an individual. Some more difficult sessions are scheduled for 75-minute sessions. Your counselor’s framework and theory used is family systems and your counselor will utilize Accelerated Resolution Therapy, 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 understandably at the first session. Potential clients are encouraged to call for an appointment, but if someone is distressed and walks into the office, they will be seen for a triage evaluation to determine what needs to be done at the next break between clients. If an outpatient session is appropriate, the client will be offered the next available session within the next two business days.

You can expect to learn specific skills intended to enhance relationships, and you will practice new skills within the safety of the counseling sessions. While learning and change are 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 Mine, Inc. does not provide emergency answering service for evenings and weekends, I can be reached by calling my emergency cell phone number at: **(607) 769-0384**. **If there is an emergency and you cannot receive a response within an hour, please call Molly VanDuser at 919-812-2863.** Once you are reached by telephone, a triage assessment will assess an appropriate response to be implemented in order to address the emergency.

**MISSED APPOINTMENTS:**

To reduce insurance costs and manage clinic time, we ask that you cancel or change an appointment 24 hours before your scheduled time. Frequent cancellations are an issue that affects 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 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 a report of child abuse or elder abuse and your Counselor does not need a Release of Information 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 of Information 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 by 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 as 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 show a code number to represent your diagnosis; they will not reimburse without that code. Occasionally, 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 counseling’s course 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 Clinical Mental Health 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 website and downloading a form at:

<http://www.ncblpc.org/Assets/Complaint_Form/Complaint_Form.pdf>

(Rev. 200119)

**NAME MR #**

**PROFESSIONAL DISCLOSURE ACKNOWLEDGEMENT:**

**Please ask questions at any time.**

***By signing below, you agree 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 Date**

**MSEd, NCC, LMHC, LCMHCS**

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