



*Oceanside Family Counseling and Resource Center
710 Sunset Blvd. N. Suite D
Sunset Beach, NC 28468*

Professional Disclosure Statement and Consent for Counseling Services

Deanna Lynn Brown, MA, LCAS, LPCA

Disclosure Statement

This is a statement of your rights and responsibilities for our ongoing therapeutic relationship. This document is part of the Standards of Practice of the North Carolina Board of Licensed Professional Counselors (LPC) as stated in Section 90-242 of the LPC Act. The Disclosure Statement is provided to inform you about my background, credentials, services offered and approach.

Client's Rights and Responsibilities

You have the right to revoke this consent at any time. You have the right to choose a counselor/therapist who is the best fit for you. Please understand that you also have the right to review treatment at any time, ask questions or be discharged from services at any time without notice.

Educational Qualifications

NC LPCA A11182
NC LCAS 20495

Training

Associate in Arts from Louisburg Methodist College 1991
Bachelor in Social Work from University of North Carolina at Wilmington/minor in Gerontology 1993
MA in Counseling from Liberty University 2013

Counseling Experience

I have been working in the mental health field for 23 years, graduating in 1993 with a Bachelors in Social Work. I received a minor in Gerontology. I received my Masters in Counseling in 2013. I hold a license with the NC Board of Licensed Professional Counselors as a Licensed Professional Counselor Associate and the NC Substance Abuse Professional Practice Board. I have received specific training in the following areas.

Trauma (children and adults) TF-CBT

Grief issues
Parenting Education (Parent Coordination by Susan Boylan)
Developmental Disabilities
Depression
Anxiety/Stress Management
PTSD
Substance abuse
Certified Batterer Intervention training (Duluth Model) Instructor

Counseling Work Settings/Experience

Southeastern Mental Health (Coastal Care) providing case management for MH/DD and SA
Provided Intensive In-Home Services for community agencies
Provided Community Support Team and Assertive Community Team for community agencies
Provided Developmental Disabilities Case Management and Supervision/CAP for community agencies
Provided monitoring/auditing as a provider relations representative for MCO (Medicaid/IPRS providers)

Counseling Philosophy and Approach

My approach is very integrated. I believe in being very person-centered but will utilize several therapeutic approaches to assist you in reaching your goals. Person centered therapy means that you guide your process. While I utilize cognitive behavioral therapy and dialectical behavioral therapy I am also very concerned with assisting you reaching your highest purpose in life. Viktor Frankl said, "The truth — that love is the ultimate and the highest goal to which man can aspire". My goal is to help you find love in yourself, love for others and understand how to find a place of peace and happiness.

I encourage those I work with to focus on communication skills, personal choices and problem solving. I will always confer with you before asking you to participate in activities or techniques. These activities might include completing homework outside of the sessions, participating in role play exercises, completing surveys, worksheets or assessments.

I welcome work with individuals from diverse backgrounds. I will work to understand any differences in cultural, religious or lifestyle to better our therapeutic relationship. Please feel free to address any concerns openly. If at any time I feel you would benefit by someone more experienced than myself I may feel it necessary to refer you to someone who might be more helpful to you to address issues that I may not fully understand or have the appropriate training for.

Your Participation in Counseling

It is important for success in counseling for you to be present, engaged and willing to participate in your care to ensure growth. It is always your right not to complete the work as assigned or refuse to participate in the way that your counselor advises however this will best benefit you. There is no guarantee of results in counseling. This may be a difficult process.

Confidentiality

Clients can be assured confidentiality in our therapeutic relationship with a few exceptions:

- 1) For supervision reasons or case consultation reasons I may consult with other therapists. They are required to keep your information confidential

- 2) The State of North Carolina Law requires that I report any suspected abuse or neglect of a child, dependent adult or developmentally disabled person
- 3) The State of North Carolina law also requires that I inform authorities if a person I serve threatens to harm themselves or others. If that threat is believed to be of a serious nature, law enforcement has to be notified to ensure safety of all involved. If a specific threat is made against a person that person may also be notified.
- 4) If I should be issues with a court order, I may be required to disclose information, either written or verbal to the courts
- 5) Information which may jeopardize my safety will not be kept confidential
- 6) In the event of a medical emergency, emergency personnel may have to be provided with your information
- 7) If you bring a complaint against me with the State of North Carolina, information will be released

Length of Sessions

Sessions are 45-50 minutes in duration. Assessments may take up to 90 minutes. Sessions are scheduled based on your availability as much as possible. If you are not able to keep an appointment, please notify the office prior to 24 hours before your appointment. You can be charged a \$60 no show fee if you do not give notice at least by 8:00am the day of your appointment. Services will be conducted in a professional and ethical manner at all times. Again, there are no guarantees regarding success in treatment and you are free to seek services elsewhere if you are dissatisfied at any time. _____ INITIAL HERE

Referral

You may be referred to another provider if after discussion with you it is determined that you can be better served elsewhere. It may be that your needs require a different approach. In the even that this is the case, you are not satisfied with your progress or services you will be referred to another provider.

Fees and Payment

I agree to provide counseling services in return for a fee of \$95 per session for individuals, \$100 for couples, \$135 for an initial assessment. You will be provided with your invoice and can submit these to your insurance company for reimbursement or to count toward your deductible. Payment will be collected prior to each session. You may pay by check, debit/credit card or cash and will be provided with a receipt. I offer a sliding scale waiver and can discuss this with you if you wish to apply for a lower rate. You will be asked to provide proof of income. Sliding scale fee waiver can be discounted between 10-30% if needed.

Annual household income _____ Assessment fee _____ Session fee _____

Billing & Insurance

I am only a part of the BCBSNC network at this time. Other insurance companies have opted not to accept me into their networks at this time (some have stopped allowing any more providers onto their panel). You may want to call to inquire about other providers in this area (there may be some close to you or some in the Wilmington area). Please notify our staff so that we can talk with you about payment options.

Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. Most require a diagnosis of a mental health condition and indicate that you must have an "illness" before they

will agree to reimburse you. Some conditions that people seek counseling for 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 would become part of your permanent insurance records. I will ask you to sign a consent to release this information to your insurance company if I am able to bill for these services.

In Case of Emergency

If you have an urgent situation that you feel needs immediate attention and you are not able to reach someone in our office right away, please either call your primary physician, your psychiatric provider (if you have one) or go to the hospital emergency room or urgent care. If you have called during office hours, please leave a message and we will call you back as soon as we are able. If you feel the situation warrants please call 911.

If you experience a medical emergency while in our office, and we feel it necessary to contact 911 the laws of HIPAA do not apply. Likewise, if I suspect that you are under the influence of drugs or alcohol you may be asked to take a drug or alcohol test before you leave. If you refuse, you may opt to have someone come and pick you up, or the authorities may be called for your safety and the safety of others. This is a legal obligation of our profession. ____ INTIAL HERE

Termination of Treatment

If at any time you would like to terminate treatment, it is often helpful to discuss your plan to terminate prior to stopping services to transition your services in an organized way. Deanna Brown-Johnson reserves the right to discontinue therapy after 3 no-call/no-show cancellations. It will be considered a no-call/no-show if you call the day of your appointment without providing at least 2 hours-notice.

Ethical Standards

It is my desire to always treat you with the utmost respect. It is important that this practice abide by the ethical standards of the boards to which I am licensed. Please bring it to our attention if you feel your rights have ever been violated or you are concerned you have been mistreated by myself or anyone in the Oceanside office. Confidentiality laws and ethical standards prohibit any outside relationships or social media friendships. Please understand that this is to protect our clients and our practice. We strive first to excel as treatment providers to strengthen our community and the families we serve in the most respectful and compassionate way.

Complaints

If at any time you do not feel you are satisfied with your treatment please let me know so that we can attempt to work together more effectively. You also have the right to seek treatment elsewhere. Complaints should be reported to the North Carolina Board of Licensed Professional Counselors. If you feel my conduct has been unethical in anyway please feel free to reach out to my supervisor who can direct you regarding an appropriate course of action.

It is not appropriate for me to accept gifts, ask to barter or exchange services or engage in business transactions outside of this professional relationship with you. I cannot write references for you or in any other way socialize outside of this counseling relationship. If you think I have somehow treated you unfairly or unethically and we cannot resolve the problem, please contact the North Carolina Board or Licensed Professional Counselors at

NCSAPPB
1046WashingtonSt.
Raleigh, NC 27605
919-832-0975

NCBLPC
PO Box 77819
Greensboro, NC 27417
336-217-6007
complaints@ncblpc.org

A current copy of this statement shall be provided to each client prior to the performance of professional counseling services. An updated professional disclosure statement shall be submitted to the Board office at the time of renewal. The counselor shall retain a file copy of the disclosure statement signed by each client.

Consent for Treatment

You will be given a copy of my Notice of Privacy Practices, and you will be asked to sign client consent for use and disclosure of protected health information.

Please discuss any questions or concerns with me that you might have prior to the start of counseling or at any time during treatment.

By signing below you agree that 1) you are voluntarily entering into mental health treatment and 2) you authorize me to provide assessment and treatment, you will be participating in the planning of your care and treatment and 3) you understand that you may stop treatment at any time and 4) you have read and understand this statement fully and have had ample opportunity to ask questions and seek clarification about anything that is unclear to you and 5) I have provided you with a signed copy of this statement.

By my signature, I acknowledge that I have read and understand this professional disclosure statement. I consent to therapy with Deanna Brown-Johnson, MA, LPC , LCASA according to the terms described here. I have read the preceding information and understand my rights as a client.

Client Signature Date

Counselor Signature Date