



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

Professional Disclosure Statement and Consent for Counseling Services

RENEE STRAW, BS, SACI

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 CSAC-21115
Supervisor:
Kathleen Gomes, LCAS, CCS, LPCS, LMFT
120 Coastal Horizons Dr.
Shallotte, NC 28470
910-754-4515

Training

Associate of Arts from University of Phoenix 2013
Bachelor of Science in Human Services with an emphasis on addiction from University of Phoenix 2015
Accepted into the Master of Science in Addiction Studies/Professional Counseling program at Capella University 2016

Counseling Experience

Substance Use Disorders, Various types of other addiction disorders, Anxiety/Stress Management, Codependency in addicted families

Counseling Work Settings/Experience

Coastal Horizons Center, assisted five medical providers who specialize in psychiatry and monitor and outpatient Suboxone program.

South Brunswick Counseling Service, Provided substance abuse group therapy for clients who are in the criminal justice system. Provided group therapy to clients who had to complete 20, 40, 90 hours of DWI treatment.

Counseling Philosophy and Approach

My method to counseling is very in-depth and person centered. I believe it is essential to identify the needs of each person as they begin this journey to healing. Each person is unique and will need specific interventions to help provide them with the awareness and understanding they desire to find peace and balance within their own lives. I believe it is important to have a solid spiritual foundation, and I look forward to helping my clients find or enhance their spiritual walk. I utilize therapeutic techniques that include motivational interviewing which is a goal-oriented, client-centered counseling style for evoking behavior change by helping clients to explore and resolve uncertainty. I also like to use another approach. Cognitive Behavioral Therapy is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. The goal of this therapy approach is to change patterns of thinking or behavior that are behind the client's difficulties, and so change the way they feel.

I look forward to assisting clients find freedom from the bondage that prevents them from becoming who they are meant to be. "Change is sometimes needed to better yourself, love yourself, and truly be happy. Never stop working on the best you can be. It's a lifelong endeavor". –Angelique Laforest Tremblay

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 served 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. 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 (as of 11/01/16) 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 \$85 per session for individuals. 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. As a SAC-Intern I offer a sliding scale waiver and can discuss this with you if you wish to apply for a lower rate for those with no insurance or who are indigent. You will be asked to provide proof of income.

Annual household income _____ Assessment fee _____ Session fee _____

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

NCBLPC
PO Box 77819
336-217-6007
complaints@ncblpc.org

NCSAPPB
P.O.
Raleigh, NC 27605
919-832-0975

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 Renee Straw, BS, SACI 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