

### **Professional Disclosure Statement**

This statement provides information regarding your rights as a patient, and your protection, in addition to a background on my education, training, credentials, and approach to counseling.

**My Qualifications** - I hold a Master of Arts in Counseling from Regent University in Virginia, August 2016 and a Master of Arts in Psychology from City College of New York, September 2013. I am currently a Licensed Professional Counselor Associate (LPCA, A12895) and Licensed Clinical Addiction Specialist Associate in North Carolina (LCAS-23186). I am a member of the American Counseling Association, the North Carolina Licensed Professional Counselors, the North Carolina Substance Abuse Professional Practice Board and the American Psychological Association. My certifications include:

- *Mental Health First Aid* certificate from the National Council for Behavioral Health, effective 05/2015.
- *Motivational Interviewing*, Benchmarks Training Institute, 2/3/2017

**Restricted Licensure** - As a Licensed Professional Counselor Associate, LPCA, I am currently working under the direct clinical supervision of Troy B. Peverall, LCCS; 217 North 5th Avenue Suite 201, Wilmington, NC 28401, Wilmington, NC 28401; Tel (910) 251-7789.

**Areas of Interest** - The scope of my work consist of assisting individuals, couples, groups and families through the counseling relationship I establish with them. I evaluate and treat mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques. I can also administer and interpret tests for assessment of personal characteristics; interpreting scientific data and provide guidance and personnel services to individuals, groups, or organizations; Identify problems requiring referral to other specialists; as well as design, conduct, and interpret research with human subjects. My skills include:

Individual Counseling  
Identity Crisis  
Multicultural Issues

Stress Management  
Anxiety & Depression  
Anger Management

Substance Abuse  
Recovery and Relapse Prevention  
Domestic Violence/Abuse

**Counseling Experience** - My experience as a counselor consists of 2 years as an Intensive In-Home provider working with a variety of individuals, couples and families in a mental health agency in New Jersey, and almost one as a counselor in community settings working with children and adolescents, and families. My primary goal is to increase your awareness and to help you reach stability. I will provide you with feedback during session and, together, we will measure your progress as you experience a reduction in your symptoms and successfully employing the skills you have learned during therapy. My theoretical approach involves the use of Cognitive Therapy (CBT), Behavioral Therapy and Solution-Focused Therapy (SFBT) techniques to target distorted patterns of thoughts, negative feelings and maladaptive behavior. I will use psychoeducational therapy to help you understand and explore your situation, guide you in resolving your ambivalences, assist you in adopting new strategies to cope with adversities, and ultimately achieve change. I place a strong emphasis on the need to develop a future-oriented personality, full of intrinsic motivation and packed with resources, skills, and abilities you can to change you present and your future.

**Use of Diagnoses** - A diagnosis will be made using DSM V/ICD 10 (or current edition). This diagnosis is important for treatment planning, evaluation, for ethical and legal record keeping, and it is required by some insurance carriers. Some health insurance companies will reimburse patients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. 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 insurance records.

Patient Initials \_\_\_\_\_

**Length of Sessions** - Individual sessions are 50-60 minutes and group sessions are 80 minutes in duration. Initial intake can take up to two sessions (90-120 minutes) to complete. We will schedule our sessions by mutual agreement. It is important that you understand

that it is impossible to guarantee any specific results regarding your counseling goals because the outcome is dependent on your work as well as mine. Together, however, we will work to achieve the best possible results. Referral to another counselor or service will be mutually discussed if progress is not achieved at a satisfactory level or in the event that additional services may be in your best interest.

Patient Initials \_\_\_\_\_

**Appointments, Fees, Cancellations and Methods of Payment** - Rates and payment arrangements will be determined at the time of scheduling and agreed upon prior to the first session. All payments are due prior to the beginning of a session; this includes your copay, co-insurance, and any unmet deductibles. Acceptable methods of payment are cash, check, debit/credit card, and electronic transactions via PayPal. For returned checks, there will be a \$35 charge added to your bill to cover appropriate banking charges. The below rates are what I will bill per session. You may be responsible for a portion of the full amount of the allowed amount per each individual insurance company. This depends on your benefit coverage.

Adults or Children*	Fee	Groups*	Fee
Intake/Initial Consultation	_____ \$150.00	80 Minute Session (each person)	_____ \$40.00
50 Minute Session	_____ \$90.00	Extended Sessions (110 Minutes)	_____ \$60.00
Extended Sessions (80 Minutes)	_____ \$135.00	Families (3+)*	
Couples*		Fee	
50 Minute Session	_____ \$150.00	60 Minute Session	_____ \$120.00
Extended Sessions (80 Minutes)	_____ \$250.00	Extended Sessions (90 Minutes)	_____ \$180.00
		Each additional 30 min	_____ \$60.00

At this time, I am considered an Out-of-Network provider. I will provide a receipt that you can file with your insurance company. If you are not aware of your Mental Health coverage, please contact your insurance provider for details about benefits, number of sessions covered per year, deductible and out-of-network providers.

**Sliding Scale/Fee adjustments** - I do not offer a sliding scale, however, when requested, I am able to address economic constraints on an as needed basis and am willing to discuss affordable payment options for services at a discounted rate. I will discuss fee adjustments and affordable options on a case by case basis and complete and sign a financial contract with you in the initial intake session, prior to treatment. This can certainly be reassessment as needed throughout the course of treatment. I reserve the right to periodically adjust the fee such as in the case of using a diagnostic assessment tool for treatment planning. Discounted rates are also at my discretion and may be withdrawn at any time; you, the patient, have a right to continue treatment at the current stated contractual rate or opt to terminate therapy.

**Cancellation Policy** - Appointments may be scheduled, rescheduled, or cancelled by phone Monday through Friday. With the exception of an emergency, you are required to give 48 hours notice to cancel or reschedule an appointment. Up to 2 missed appointments will be charged at \$70.00 each unless cancelled at least 48 hours in advance. A third missed appointment will be billed at the standard full rate of \$90, or \$40 for group sessions. After 3 missed sessions, I reserve the right to terminate our professional counseling relationship. Dire emergencies (i.e. hospitalization, accident, death in the family) are addressed in an individual basis.. Be mindful that your insurance will not pay for any portion of a missed appointment and you will be responsible for the full fee. Please understand that counseling is a process of engagement, and it is imperative that you attend all of your scheduled appointments.

Patient Initials \_\_\_\_\_

**Confidentiality** - I adhere to professional, legal and ethical guidelines established by my professional organizations and applicable laws and ordinances. I will keep confidential and privately protected anything you say as part of our counseling relationship, with the following exceptions:

- (a) You sign a written release of information (to someone else) indicating informed consent to such release,
- (b) It is clear and imminent that you intend to do harm to yourself or others,
- (c) There is evidence or reasonable suspicion of abuse/neglect of a minor child, elder person, or disabled adult,
- (d) I receive a court order directing me to disclose information.

I may also share this information with my supervisor in our meetings to better serve you. Anyone else who needs access to your records will need your consent. Verbal authorization will not be sufficient except in emergency situations. When providing couple, family, or group therapy, I cannot disclose any information outside the treatment context without a written authorization from each individual competent to execute such a waiver. When working with a family or couple, information shared by individuals in sessions

where other family members are not present must be held in confidence (except for mandated exceptions already noted) unless all individuals involved sign written waivers. Patients may refuse to sign such a waiver, but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

Patient Initials \_\_\_\_\_

**Non-Subpoena contract** - I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. You should be aware that you might be waiving the psychotherapist-patient privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the psychotherapist-patient privilege with your attorney. I have a policy of not communicating with patient's attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any patient's legal matter. I will generally not provide records or testimony unless compelled to do so by a court order. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate for such services of \$150 per hour. We will sign a separate contract to this effect.

Patient Initials \_\_\_\_\_

**Professional Collaboration** - In order to provide quality services, I often need to collaborate with other professionals such as your physician, psychiatrist, past therapists, and other mental health professionals or service providers as a part of therapist education, training, and co-therapy. These professionals are bound by the same confidentiality as Joseph Rengifo, MA, LPCA and also have no access to patient records without you or your minor's written consent.

Patient Initials \_\_\_\_\_

**Social Media** - In order to protect our therapeutic relationship, I am required by the ethical guidelines of my profession to avoid "dual relationship" with my patients. I am not able to become "friends" with patients via social media including, but not limited to Facebook, Twitter, and Instagram. My goal is to provide you with the best care possible, therefore we will focus on the relationship that is built in the confinement of the therapeutic environment.

Patient Initials \_\_\_\_\_

**E-mail and Texting** - Due to the professional nature of our relationship, our contact will be limited to the paid sessions you have with me with the exception of communication through telephone or email regarding scheduling sessions. If you request, or initiate electronic communication, I will consider that as your consent for me to respond in like manner. I do not recommend transmitting confidential protected health information about yourself and/or family members, but if you choose to do so, please be aware of the following risks:

- Email and text messaging are not secure and can be accessed by others. There is potential for your protected health information to remain in storage with your and my email/cell phone provider for many years.
- Also, I caution you against using a work email address to email me as confidentiality with your employer could be compromised.
- I do not maintain email communication or text messages as part of your clinical record. Your clinical record is maintained separately to protect patient privilege.
- Email communication to outside people such as physicians will only occur with your written consent. You can end your consent to use electronic communication to/from your therapist at any time by asking and signing a statement.

Patient Initials \_\_\_\_\_

**Your Rights** - With the exception of email communication or text messages, all of our communications become part of your clinical record. You have the right to request in writing a review of your records or to the release of your records to another professional at any time. You have the right to competent and professional care. You have the right to be treated with respect and expect so from your counselor. You have the right to a therapeutic relationship without concern about physical, sexual or verbal abuse.

Patient Initials \_\_\_\_\_

**Emergency Situations** - Since I provide outpatient psychotherapy services only, I cannot guarantee 24/7 availability. After office hours, you may leave a voicemail at **(910) 777-5575** and I will return your call as soon as possible. If this is a medical or a life-threatening emergency, including emotional or behavioral crises, please go to the nearest hospital emergency room or call **9-1-1**, or **1-800-273-TALK (8255)**. You can also call a crisis line in New Hanover County at **(877) 685-2415**.

**Questions or Complaints** - It is your right to have a complete explanation for questions you may have about me, my qualifications, the therapy process, assessments, fees, or something that has not been addressed in previous paragraphs. Although patients are encouraged to discuss any concerns with me, you may file a complaint against me to the organization: North Carolina Board of

More information about the ACA Code of Ethics can be found at [www.counseling.org/Resources/aca-code-of-ethics.pdf](http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

**Acceptance of Terms** - We agree to these terms and will abide by these guidelines. 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.

Patient's Signature	/ / Date	Parent/Guardian Signature (if under 18)	/ / Date
Joseph Rengifo, MA, LPCA	/ / Date	Please initial to obtain a copy of this signed document	

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### Financial Agreement and Policy

I agree to be responsible for all fees accrued, as disclosed in this Professional Disclosure Statement, while receiving professional services. I understand that I must give 48 hours notice to cancel an appointment that is NOT related to a medical emergency or I will be charged a fee of \$70 (up to 2 missed appointments; \$90 after that, or \$40 for group sessions) for a scheduled missed appointment. I understand that my insurance plan will not pay for any portion of a missed appointment and I will be responsible for the full fee.

Patient's Signature	/ / Date	Joseph Rengifo, MA, LPCA	/ / Date
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