

Personal Disclosure



Heather McMahon, LPC, LCMHC, BC-TMH

I invite you to read this prior to selecting me as your counselor. This document is part of the Standards of Practice of the North Carolina Board of Licensed Clinical Mental Health Counselors (LCMHC) as stated in Section 90-343 of the LPC Act. The Disclosure Statement is designed to inform you of my professional credentials, types of service offered, fee schedule, and therapeutic orientation and style.

- Master of Education in Guidance and Counseling
University of Georgia, 1999
- Licensed Clinical Mental Health Counselor (LCMHC 11396), State of North Carolina
- Board Certified Telemental Health Counselor (BC-TMH 5)
- Licensed Professional Counselor (LPC 0100001), State of Georgia

I am currently licensed as a Licensed Clinical Mental Health Counselor in the state of North Carolina. I have 20 plus years of experience in the counseling field and have worked with young adults (17+) and adults in outpatient and inpatient settings.

Overall, it is always my goal to create a safe, accepting, and comfortable environment, which is conducive to allow you, the client, to grow in self-awareness and self-acceptance. Initially, it is my goal that we work together to form a mutually desirable relationship and focus our counseling sessions by setting goals, which we will continue to assess throughout the counseling process. It is always my goal to create a safe, accepting, and comfortable environment, which is conducive to allow you, the client, to grow in self-awareness and self-acceptance. Initially, it is my goal that we work together to form a mutually desirable relationship and focus our counseling sessions by setting goals, which we will continue to assess throughout the counseling process.

As a counselor, I am unable to prescribe medication. In the event that a referral is necessary, a medical doctor or nurse practitioner will appropriately evaluate the situation and make their suggestions for treatment. A diagnosis is a description of a pattern of behaviors. It is important to be aware that a diagnosis does become part of your permanent record.

SESSION DESCRIPTION, MISSED APPOINTMENT OR CANCELLATIONS

Sessions are scheduled to be 45-50 minutes in duration. In order to stay focused and progress towards the decided goals, it is important to establish regularity among the counseling process. Certainly, situations will arise that disallow sessions to occur. However, it is my goal that the counseling sessions do began and end on time. Please give a 24-hour notice for the

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cancellation of an appointment. If I do not receive notice of cancellation at least 24-hours before the scheduled appointment, you may be responsible for the full price of the missed session. FOR A MISSED APPOINTMENT THAT IS NOT CANCELLED, A FULL CHARGE IS MADE. If no one is available to take your call, you may leave a message 24 hours a day at 336-567-3001. A recurring problem with cancellations or missed appointments may result in termination of services.

Please do not appear for a session under the influence of alcohol, any mind-altering drug or while driving. If this occurs the session will be cancelled and you will be charged for the missed session, and ultimately termination of the counseling relationship may occur.

THERAPIST VACATION OR CANCELLATIONS/CLIENT EMERGENCIES

In the event that I may need to cancel an appointment, I will try to contact you as quickly as possible. Inclement weather or emergencies may require rescheduling. I will make every attempt possible to contact you at home, work, or on your cell phone to arrange another appointment.

I will inform you of scheduled vacations at least 1 week in advance. During this time or when I am otherwise unavailable, you may leave a message for me at the office (336-567-3001). If you are having an emergency or severe crisis and are unable to reach me, please call Moses Cone Behavioral Health (1-800-525-9375) or High Point Behavioral Health (1-800-525-9375). Also, you may call the Alamance County Emergency number (911). If you are outside of Alamance County, please call the emergency number for the county where you are or call (911).

PAYMENT AND FEES

Fees for individual sessions (50 min): \$150 or Contracted Rate

I accept check and credit card.

Payment is due at the time of service.

I do participate directly with insurance companies but will be happy to provide a receipt for you to pursue third party reimbursement if I am not on your insurance panel.

If a diagnostic code is required; please be aware that this becomes a permanent part of your medical record.

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Please note that a recurring problem with missed appointments and/or nonpayment for services may result in termination of services.

I understand that there may be a time where you need to call me between sessions. It is important to note that phone calls are not charged unless they exceed 15 minutes. If your call is more than 15 minutes or a combination of calls is more than 15 minutes, you will be charged on a prorated basis relative to the hourly fee originally agreed upon. If I am summoned to court on your behalf, you are responsible to pay the agreed upon hourly rate for any associated time and efforts. This includes, but is not limited to, time spent in transcribing records, time in court, travel, meals, and any wait time preceding the actual court appearance.

BILLING & INSURANCE

I am a contracted provider for United Behavioral Health, Magellan, Aetna, Cigna, BCBS, Most EAP companies and work as an out-of-network provider with other insurance companies. I contract with a billing service to electronically complete insurance forms related to reimbursement from insurance companies and follow-up on claims. Health insurance companies often require that a statement of diagnosis of a mental health condition be indicated before they will agree to reimburse for counseling services. Any diagnosis made will become part of your permanent insurance records.

OVERDUE ACCOUNTS

I will make every effort to cooperate and make arrangements with any individual seeking counseling services that has financial concerns. However, if no payment has been made or any special arrangements set in place, all accounts become overdue after thirty (30) days. If you maintain an unpaid balance on your account without making special arrangements, the account will be turned over to the Credit Bureau. This will result your identification as a client.

COMPLAINTS

My goal is to establish a nurturing relationship with all clients, and certainly I would want to know if that was not being achieved. If you are unhappy with any aspect of the provided counseling services please feel encouraged to discuss this with me. If you feel that your concern has not been resolved after communicating that concern to me, you may contact and voice your concern to:

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North Carolina Board of Licensed Clinical Mental Health Counselors
PO Box 77819
Greensboro, NC 27417
Phone: 844-622-3572
LCMHCInfo@ncblcmhc.org

Georgia State Licensing Board
214 State Capitol
Atlanta, GA 30334
Phone: 844-753-7825

EXPLANATION OF DUAL RELATIONSHIP

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social relationship. Therefore, our contact will be limited to the sessions you arrange with me, so please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way than a professional context of our counseling sessions. It is in your best interest if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. During the counseling experience, you will learn a great deal about me as we work together, however, it is important for you to remember that you are experiencing me in my professional role. If we encounter one another outside of the counseling sessions, I will not approach you in order to protect your confidentiality. I use social media sites for personal and private use only and respect your private boundaries as well. Please understand that it is in your best interest as a client that our contact be limited to strictly a professional relationship.

LIMITS OF CONFIDENTIALITY

As a counselor, I abide by the standards of confidentiality set forth by the NCBLCMHC, and upheld by the state law. Therefore, the information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and anytime thereafter will be held confidential. However, there are several situations in which I cannot legally or ethically hold the information confidential, such as:

Duty to Warn and Protect - When a client discloses intentions or a plan to harm another person, I am required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, I am required to notify legal authorities and make reasonable attempts to notify the family of the client.

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Abuse of Children and Vulnerable Adults - If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances - I am required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship - Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Court Orders - Information may be released in the event that a court order requires the release of case records or direct testimony.

Insurance Providers (when applicable) - Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Once again, the information disclosed throughout the counseling process will be held confidential according to license and state law. It is important to be aware that, at times, I may participate in supervision/consultation with other licensed professions, so that I may receive feedback about treatment strategies in order to be most effective as your counselor. I will not reveal your identity without your express written consent. Also, in a counseling setting with multiple clients, such as group, family, or couples counseling, it is important to note that I can only guarantee my own assurance to uphold confidentiality as described above.

To further protect your confidentiality, please do not use cell phones, text or email to provide sensitive information. These are convenient for communication but I cannot guarantee confidentiality with these technologies.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Parent/Guardian if under 18)

Date

Print Name

Heather Williams McMahan, LCMHC

Date