



Beacon of Hope Counseling

When all else fails, Hope remains
2632-4 Carolina Beach RD, Wilmington NC 28412
(P) 910-599-6806 (F) 910-920-9878

Consent to Counsel Information

Welcome! The information presented here will acquaint you with my professional services and outline our policies about scheduling and billing procedures. Please read this guide carefully and if you have any questions or concerns, please feel free to discuss them with me.

Qualifications and Populations Served

I've earned my Master's degree from The University of North Carolina at Pembroke in Service Agency Counseling in 2005 after a yearlong internship at Methodist University counseling students and adults in the Center for Personal Development. My Bachelor of Arts was received in 2001 at East Carolina University in Psychology. I am both a certified counselor (NCC) with the National Board of Certified Counselors (2008), and a Licensed Professional Counselor with the state of North Carolina (2008). I am also currently working toward becoming a Registered Play Therapist

My post-graduate experience includes working with women, children, and men on various issues from depression, anxiety, adjustment issues, bipolar disorder, post-traumatic stress disorder, child abuse, sexual abuse, and various other issues. I have been a counselor with a private agency for three years working with adults and children

Therapy Approach

My approach to counseling draws from various theoretical orientations, and may include a mix of relational based therapies. These focus on the maladaptive thought processes, awareness of what feelings come up for you, living in the present, and your strengths. I will work with you on establishing trust and communication in a safe environment where you can feel comfortable expressing your thoughts and concerns. Every intervention or technique that I use will be purposeful and intentional in our work together.

I believe that therapy is a process, and one of discussing relational, spiritual, psychological, and/or emotional issues with a trained professional to help gain better self-awareness and attain a more fulfilling relationship to God, self, and others. We view our clients as unique individuals, who at any time, have the right to terminate or take a break from treatment; however, leaving therapy is best accomplished in consultation with your therapist. The expectation from the counselor is that you will actively participate in the process, learning and deciding your courses of action from insights discussed in sessions.

Therapy can have benefits and risks. Since therapy involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. This is normal and necessary to face when working through influences and experiences that have impacted you. On the other hand, therapy has also shown to have benefits for those who invest the time and energy to go through it, and take an active part toward positive changes. Therapy often leads to better relationships, new perspectives on problems, new insights into self and significant reductions in feelings of distress.

Session and Fees

Each session will last approximately 45 minutes but can be adjusted to fit your particular needs if necessary. I bill through your insurance so the only cost to you will be your co-pay which is different for each insurance company. Your co-pay is due at the time of service. If you do not have insurance or would prefer to do self-pay then the charge will be \$75.00 per session and will be collected at the time of service. We will accept cash, check or credit card.

If you require a Saturday appointment then a deposit equal to your co-pay must be paid in advance, prior to the day of your appointment. If your deposit is not received then we will assume you want to cancel your



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appointment. If you arrive at your appointment then your deposit will be credited towards your session co-pay and you will not owe any more money for your session.

If you cancel any appointment 24 hours in advance then no penalty will be charged. If however you cancel within 24 hours a \$10 dollar fee will be charged which will be required at your next time of service, in addition to your co-pay. If you accrue \$60 in cancellation fees then the \$60 dollars must be paid prior to scheduling you for another appointment. If you do not show up to an appointment then a \$20 dollar fee will be charged which will be required at your next time of service. If you accrue \$60 in no show charges then the \$60 must be paid prior to scheduling you for another appointment.

Emergency Procedure

In an emergency, if you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room/crisis center and ask for the mental health worker on call. If I will be unavailable for an extended period of time (due to illness or vacation), I will provide you with the name of a colleague to contact, if necessary.

Confidentiality

There are some situations in which I am always legally required to break confidence. For example, if I believe that a child is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying police or seeking appropriate hospitalization. If a client threatens to harm him or herself, I may be required to seek hospitalization for the client, or contact family members or others who can provide safety and protection.

If you have complaints regarding ethical matters, you are entitled to register a complaint with the North Carolina Board of Licensed Professional Counselors at,
P.O. Box 1369, Garner, NC 27529.

HIPPA: Notification of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS FORM CAREFULLY

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of your office that are involved in your care and treatment for the purpose of providing health care services to you, to pay you health care bills, to support the operation of the LPC's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician



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to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that you relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your LPC's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of counseling students, licensing, and conducting or arranging for other business activities. For examples, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your LPC. We may also call you by name in the waiting room when your LPC is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointments.

We may use or disclose your protected health information in the following situation without your authorization. These situation include: as Required BY Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164-500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent.. Authorization or Opportunity to object unless required by law.

You may revoke this authorization, at this time, in writing, except to the extent that your LPC or the LPC's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; physiotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to when you want the restriction to apply.



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Your LPC is not required to agree to a restriction that you may request. If LPS believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us. Upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your LPC amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to use or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complain. **We will not retaliate against you for filling a complaint.**

This notice was published and becomes effective on January 21st, 2012.