Professional Disclosure Statement and Consent for Counseling

Jumana S Scoggins, MA, NCC, LPC

The purpose of this statement is to inform you of my credentials, the professional services I offer, my fee schedule and therapeutic orientation. This document is part of the Standards of Practice of the North Carolina Board of Licensed Professional Counselors. Please read this before signing on the last page.

Education and Credentials:

Bachelor of Science in Psychology, Virginia Tech, 1994

Master of Arts in Counseling, University of North Carolina at Charlotte, 2009

Licensed Professional Counselor in NC # 8863

National Certified Counselor # 254211

Counseling Experience- I currently have 10 years of counseling experience in the following areas:

- Adolescents and families
- Depression/Anxiety
- Couples counseling
- Parenting Issues
- Self-image/Self-esteem
- Adjustment Disorders
- Divorce/Blended Families
- Relationships
- Stress Management
- Career
- Grief
- Group Counseling

Professional Counseling Services:

I provide counseling and psychotherapy to adolescents, adults and couples. My main therapeutic approach is Acceptance and Commitment Therapy and Emotionally Focused Therapy. However, the therapeutic approach I use will depend on the client and the issues on which we are working to assist the client in reaching the most favorable result.

Fees and Length of Sessions:

Sessions are generally scheduled for 50 minutes. I use the remaining time in the hour for paperwork and notes. The standard fee is $140 for each therapy session, payable by cash, check, HSA, FSA, or credit card on the day of service. Up to 2 missed appointments will be charged at $50 each unless cancelled at least 24 hours in advance. A third missed appointment will be billed at the full rate of $140. After 3 missed sessions, I reserve the right to terminate our professional counseling relationship.

I am currently contracted with Carolinas Behavioral Health Alliance and will bill them directly for counseling sessions. I am an out of network provider for all other insurance carriers. As an out-of-network provider, I will provide you with a bill that you may choose to file with your insurance company.

Confidentiality and Informed Consent:

The information you share with me in therapy is handled with the utmost respect and confidentiality. However, I am legally obligated to break confidentiality in the following situations:

1. If I believe that you intend to harm yourself or another, or
2. If I believe that a child or elder person has been/will be abused or neglected, or
3. If a judge orders me to release your information, or
4. If you (or your legal guardian) sign a release.

While parents have a legal right to their minor children's information, asking about what is being said in session may jeopardize your child's confidence in me and the therapeutic relationship. When working with adolescents, I strongly prefer to maintain confidentiality as much as possible to allow the therapeutic process to work. I offer my adolescent clients the limited confidentiality (see limits above) and assure parents that I will inform them of areas of concern when necessary.

Additionally, please be aware that any diagnoses used may become a part of the client's record.

Complaints:

Often times in counseling, I may challenge or question certain behaviors. This may bring up painful emotions and discomfort that will lead to difficult work. This will be done respectfully within our professional relationship. If at any time, you have a concern or

complaint about the counseling that I provide, please let me know so we may try to resolve it. If we are not able to resolve it and you feel that I have treated you unethically and would like to register a complaint, you may contact:

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007 Fax: 336-217-9450

E-mail: Complaints@ncblpc.org

Please sign below that you have read and understand the information above and are voluntarily willing to participate in the counseling services that I provide.

X _____ X _____

Client Name (print) Client/Guardian Signature and Date

X _____ X _____

Jumana S Scoggins, MA, NCC, LPC Date