

Clear Creek Counseling and Consulting, PC.  
1905 JN Pease Pl, Suite 101, Charlotte, NC 28262  
Lonnie Mullet, MABC, LPC.

### **Informed Consent and Fee agreement**

Therapy works in part because it is a relationship that has defined roles and responsibilities for each party as well as limits to these responsibilities. As a client you have the right to know these limits and responsibilities as outlined below:

**Confidentiality.** You have the right to confidentiality in therapy. Confidentiality between client and therapist will be maintained as required by the federal Health Insurance Portability and Accountability Act (HIPAA). **Limits of confidentiality.** This therapist maintains a duty to inform in the case of child or elder abuse or in the case of imminent harm to self or others or upon the issuance of a court order. With your signed permission, information may be released for billing purposes to a third party or to coordinate care with another provider. In addition, I may consult on your treatment with another clinician to ensure best practice. In the case of couple's therapy, the couple will be known as 'the client' in this agreement and any release of information will require the signatures of both parties. Note: Email is not a confidential form of communication although security precautions will be taken. Additionally, a third party will be used for billing, records and payment processing and this party may have access to part of your record.

**Training and approach.** I have an MA in Biblical counseling from Dallas Theological Seminary awarded in 2005. I am a licensed professional counselor in North Carolina (#7552). The approaches in therapy used include: Cognitive Behavioral Therapy, Eye Movement Desentization Reprocessing (EMDR), Dialectical Behavioral therapy, and Gottman therapy. My training includes an internship with St. Joseph's Adolescent and Family Services and the Catholic Charities of Dallas working with adults. Since 2005, I have worked full time as a counselor in three settings: with adolescents and families in a private treatment, with adults and groups in a mental health outpatient center, and finally with adults and adolescents in my private practice since 2010.

**Diagnosis.** Diagnosis is used for coding and is required for insurance billing. It becomes a part of your record.

**Sessions.** What to expect. Individual sessions last approximately fifty minutes and may contain some homework which will be developed collaboratively. After some discussion, the course and length of treatment will be decided. Depending upon the need, the frequency of sessions will vary and will be mutually agreeable.

**Cancellation Policy.** Cancellations must be made to 980.430.4972 with 24 hours of notice. Failure to provide sufficient notice will result in a **\$55 charge** for the first occurrence with the **full fee** required for subsequent occurrences. **Records.** I keep confidential records including the time, dates of meetings and the interventions used during the session as well as topics discussed.

**Custody evaluations & court appearances.** Custody evaluations are not part of my practice. Although, I will endeavor to support and strengthen your family, I will not appear in court on any one partner's behalf in a custody dispute. If subpoenaed for court, my fees are twice my hourly rate including court, travel and preparation time. (e.g. 1 hour prep= \$220.00 + 2hours court & travel=\$440.00 for \$660.00 total)

**Ethics.** For disputes or complaints, please speak first to your counselor to resolve any issue. In case of an ethical violation, you have the right to complain to the N. C. Board of LPC's at: PO Box 77819, Greensboro, NC 27417 or by phone: 844.622.3572.

**Fee Schedule.** Payments can be made by cash, check or credit card to Clear Creek Counseling, PLLC.

Initial Consultation: \$150.00; 50 minute session, \$110.00; Couple's Therapy, \$150.00

Fees and co-pays are due each session unless previous arrangements have been made.

DBT group Fees: \$560.00 per eight week cycle (\$240 which cannot be covered by insurance). Returned check fee \$25.00

**Insurance:** This office does provide billing services for insurance; however, you will be required to call your insurance company and receive prior authorization. You will be financially responsible for any fees not covered by insurance. **Phone charges:** This therapist may provide coaching by phone with ongoing clients; however, there is a charge of \$30 per quarter hour for this service and will be pre-arranged. Insurance will not pay for phone consultation.

**Multiple or Dual relationships.** The relationship with the counselor is a professional one and limits other aspects of the relationship including business or social engagements. This understanding protects the therapeutic relationship.

**Termination of services.** Typically therapy ends after completing the normal course of treatment. There are exceptions including a person's right to end counseling at any time or referral to a more appropriate clinician for treatment.

**Social Media Policy.** In order to protect your privacy and anonymity, Clear Creek will not specifically address any online review or respond to any social media requests (i.e. LinkedIn). We also gently discourage you from rating our services or commenting on any site for your own privacy.

By signing the agreement below, the client acknowledges an understanding of the limits of confidentiality, fee schedule, and gives consent to counsel. If under the age of eighteen, a parent or guardian signature is required.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_ for minor child \_\_\_\_\_ DOB \_\_\_\_\_

Counselor: \_\_\_\_\_

\_\_\_\_\_

Date