



Kelly Jerome Fresh Air Counseling
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2. Informed Consent for Psychotherapy

LPCA Professional Disclosure Statement and Consent for Counseling and Psychotherapy

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Thank you for considering my counseling services. I am honored to have the opportunity to work together. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together whether we will meet face to face or by using Telemental Health Therapy. In order to help you make an informed decision, I have prepared this statement of my background and the nature of our professional relationship for your review. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox or signing at the end of this document. If you have any questions or concerns or would like for me to read through this with you, I am happy to do so.

The Therapeutic Process and Potential Risks

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are potential risks with the counseling process. As we explore areas of concern, you may have feelings of sadness, grief, loneliness, shame, guilt, helplessness, anxiety, anger, or frustration. If you do, please know this is a natural response but is generally impermanent. Sometimes even with our best efforts, there is a risk that therapy may not work out well for you. I will attempt to inform you of potential risks specific to our work. Despite these risks, my goal will always be in your best interest. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to

jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Qualifications and Counseling Background

Education:

- Master of Science (MS) in Clinical Rehabilitation and Mental Health Counseling from the University of North Carolina at Chapel Hill (CACREP-Accredited)- 2017
- Bachelor of Arts (BA) in Psychology from Purdue University-2011

Licenses, Certificates:

- Licensed Clinical Mental Health Counselor Associate (LCMHCA) in North Carolina #A13568)-since Nov 2017. Restricted License: Part of the requirements as I work toward full licensure in the State of NC is that I am currently under the supervision of Dr. Chadwick Royal, PhD, LPCS #S3419. Dr. Royal works at 106 S. 4th St. Suite 4 in Mebane, NC 27302 and can be reached at 336-784-0697.
- National Certified Counselor (NCC) #888985 (NCC) endorsed by the National Board of Certified Counselors (NBCC) since July 2017
- Certified Rehabilitation Counselor (CRC) #301736 endorsed by the Commission on Clinical Rehabilitation Counseling (CRCC) since July 2017
- Certified Clinical Trauma Professional (CCTP) endorsed by the International Association of Trauma Professionals (IATP) since July 2019
- Animal-Assisted Therapy Interventionist Level II (AAT-II) endorsed by Animal Assisted of the Triangle since October 2019

My experience as a counselor consists of providing private practice counseling and therapy services for adults since December 2017, and 1 year as an intern and practicum student at the UNC Memorial Hospital Transplant Clinic working with adults before and after kidney and liver transplantation. Additionally, I worked for four months as a Rehabilitation Counselor with the State of NC Department of Health and Human Services assisting adolescents with physical, emotional, and developmental disabilities to establish a career path, obtain employment, or attend post-secondary training. Prior to my graduate education I worked with children and families during my undergraduate internship at an emergency residential facility for children, assisting a master's level counselor in providing therapeutic interventions to children in crisis.

Theoretical Approach and the Counseling Process

Taking an evidence-based and client-centered approach, I aim to provide a safe and supportive space where we can collaborate and work at your own pace to help you reach your goals. My counseling philosophy is based on the belief that you possess the power to change, and that it is my role to help you become aware of how to understand and utilize that power. I work with individuals from a variety of backgrounds on issues including depression, anxiety, stress, trauma, relationship challenges, grief and loss, career transitions, and other mental health and life concerns. My approach involves the integration of Polyvagal Theory with an understanding that our unique nervous systems have been shaped by our past experiences and environments, and that we can reshape and regulate our systems toward a more meaningful life experience. I also use cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), and self-compassion to empower you to accept internal thinking processes or feelings toward positive action. When appropriate, Animal Assisted Therapy may be used to work toward client goals if the client is in agreement. The therapy dog has been obedience trained and the therapist has had extensive training as an Animal-Assisted Therapy Interventionist. The dog has up to date vaccinations. Animal-Assisted Therapy is a goal-directed intervention in which an animal is an integral part of the treatment process. Together, these techniques focus attention on confronting pain while also restoring supportive relationships and self-care. As part of my role as a Licensed Professional Counselor Associate, I may have my supervisor, Dr. Chadwick Royal, PhD, LPCS, observe the counseling sessions live, via video and/ or voice recording. I need your permission to allow him to observe the counseling and to discuss your case during supervision in order to provide you with the best service possible. As a counseling professional, he will hold all information about you in strictest confidence, and the recordings will be destroyed after they are reviewed.

Animal Assisted Therapy: When appropriate for a client's goals and the client is in agreement, a therapy dog or horse may

be used in counseling sessions. Animal Assisted Therapy is a goal-directed intervention in which an animal is an integral part of the treatment process

Physical Health: In order to better serve your needs, I strongly recommend that you have a complete physical examination if you have not had one in the past year to rule out any medical complication that may be contributing to your mental health needs. Also, please provide a list of medications that you may be taking as well as medical conditions.

Client Responsibilities: Your commitment to the counseling process indicates that you agree to make a good faith effort at personal growth and to engage in the counseling process as a priority at this time in your life. You agree to complete assignments given or discuss any reasons for resistance. Clients coming from another therapist must first terminate with that therapist. I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make any specific decision.

Session Fees and Length of Service:

If appropriate, we may engage in face-to-face sessions, TeleMental Health, or both. We will discuss what is best for you. Please remember that your insurance company may or may not cover therapy via phone or video. The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions. I require a credit card ahead of time for TeleMental Health therapy for ease of billing. This can be set up through the Client Portal where TeleMental Health sessions will also occur. Your credit card will be charged at the conclusion of each TeleMental Health interaction.

Initial intake and assessment sessions are typically 60-90 minutes. Subsequent therapy sessions are normally 50-55 minutes, and depending on the nature of the presenting problem, sessions are usually one time per week. It is difficult to predict how many sessions will be needed. I will be better able to discuss the probable number of sessions after we have completed the first two sessions. Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled by phone, email, or through the Client Portal Monday through Friday. Fees for each session must be collected at the end of the session and before making additional appointments.

Cancellation Policy: Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge for the time reserved for you. Please note that insurance companies do not reimburse for missed sessions.

Out of pocket/Private-Pay: Intake/Assessment fees are \$125-150/session and subsequent fees are \$100/session. Nature-based counseling or equine-facilitated therapy session rates may be higher to cover travel expenses. If these rates presents a financial hardship, I do offer a limited number of sliding scale slots through Open Path Collective. If we decide to move forward with a sliding scale option, we agree that you will pay \$_____ per session. Acceptable methods of payment for face to face sessions are cash, check, credit, or debit card. Credit and debit cards can be set up through the Client Portal.

Insurance plans: I currently accept certain plans through Blue Cross Blue Shield of North Carolina. By providing your plan and group number, I can pre-authorize services prior to our first session. Any co-payments, deductibles, or coinsurance fees are due at the time of service. I will not be able to file claims to BCBS unless you provide accurate and complete information about your insurance plan. I ask you to review your policy carefully and to be aware of any limitations on your benefits. You must also promptly inform of any changes in your insurance coverage or I will not be able to file your claims. Similarly, many insurance companies are now managing their mental health benefits. This means you must consult your insurance booklet to see if your insurance must approve sessions before they occur. If this approval is not obtained, your insurance will not cover the sessions. If you are not sure, please ask me to help you with these prior authorizations. ** Please note that you are ultimately responsible for all charges incurred for your treatment. If for any reason your insurance company does not promptly reimburse for services rendered, you will be responsible for those charges (subject to any applicable law or the terms of any contract we may have with your insurer). If you are covered by another insurance carrier, I can provide an invoice for services for you to submit to your insurance company for reimbursement. Insurance

companies have many rules and requirements specific to certain benefit plans. At the present time, many do not cover TeleMental Health services. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement for TeleMental Health services. As stated above, I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, web camera, internet or phone charges, software, headset, etc.

Court fees: If I am involved in any court proceedings as a result your treatment (for example, issues related to child custody), a separate fee is charged per 1/4 hour of time allotted to the court proceedings (\$75 per 1/4 hour, billed in quarter-hours). This fee applies to any time spent directly related to the proceedings (for example, communication with attorneys, preparation of paperwork, travel time to proceedings, time spent in court).

TeleMental Health Services

"TeleMental Health means the mode of delivering services via technology- assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client selfmanagement and support for clients and includes synchronous interactions and asynchronous store and forward transfers." TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, I have developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline: It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. Telephone conversations (other than just setting up appointments) are billed at my hourly rate.

Cell phones: In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. Conversations (other than just setting up appointments) are billed at my hourly rate. Please keep in mind that text messaging via cell phones is not a secure means of communication. Text messages can be retrieved by anyone with access to your phone, even if the message is erased, it may still remain on the phone's memory card for a period of time. Thus, I recommend limiting text message exchanges to appointment scheduling only. Additionally, I keep your phone number in my cell phone, but it is listed by your initials only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

Computer (i.e. laptop or personal or work computer) or Mobile Device (i.e. tablet, iPad): Online video counseling sessions will be conducted using the internet. The software we use for TeleHealth video sessions provides data security and encrypts all information according to HIPAA standards and compliance. Data is continually and securely backed up. The video provider uses Amazon for hardware and physical security because they are HIPAA compliant. They do not record or store the audio or video from TeleHealth sessions. I have my own security measures for protecting the computer that I

use to access records and to connect to TeleHealth sessions: 1) On computers, I employ firewalls, antivirus software, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access. Following sessions, I clear the cache and cookies on my computer and encourage you to ask me if you need help doing this. It is advised that you not share device or computer access passwords, that you log off the internet after use, and use a firewall and virus protection software. If using a WiFi, public network, or work computer, there may be risks in transmitting information over shared technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. Please see my Electronic Records Disclosure for additional information regarding computer-based and online record-keeping.

Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows: You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate. I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency.

Additionally, if either you, your ECP, or I determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name:

Phone:

You agree to inform me of the address where you are at the beginning of every TeleMental Health session. You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). Please list this hospital and contact number here:

Hospital Name:

Phone Number:

In Case of Technology Failure During a TeleMental Health session: We could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number. If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to my phone service, and we are not able to reconnect, I will not charge you for that session.

Limitations of TeleMental Health Therapy Services

It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This

can be frustrating and interrupt the normal flow of personal interaction. Please know that I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I've done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

Consent to TeleMental Health Services

Please check the TeleMental Health services you are authorizing me to utilize for your treatment or administrative purposes. Together, we will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying me in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to my practice, and I will be utilizing that technology unless otherwise negotiated by you.

Texting

Email

Recommendations to Websites or Apps

Online Video Conferencing

Telephone

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Emergency Situations and Communication Policies

Since I provide outpatient diagnostic and psychotherapy services only, I cannot guarantee 24/7 availability. After hours, you may leave a confidential voice mail at 919-533-9377 and I will return your call as soon as possible. If you should experience an emotional or behavioral crisis, and I cannot be immediately reached by telephone, you can contact a local medical or psychiatric hospital, or call 911, or 1-800-273-TALK (8255).

If you wish to communicate with me by email or text message (or other non-secure media), please know there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others. Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other. Email and text messaging are used ONLY for scheduling and arranging appointments, not the provision of counseling services.

Social Media: Please refrain from making contact with me using social media systems such as Facebook, Twitter, Instagram, etc. These systems have very poor security and would break our confidentiality should you attempt to "friend" or "follow" me. I will not "friend" or "follow" you.

Use of Diagnosis

If it seems like you may meet criteria for a mental health diagnosis, we will talk about it together and determine the best

course of action to provide you with relief and create positive change. Some health insurance companies will reimburse clients for counseling services and some will not. Those that do reimburse often require a diagnosis of a mental health condition before they will agree to cover services. Some situations for which individuals seek counseling services do not qualify for reimbursement or diagnosis. If a qualifying diagnosis is appropriate in your case, I will inform you before we decide to submit the diagnosis to your health insurance company. Any diagnosis made will become part of your permanent insurance records.

Questions or Complaints

You may have questions about me, my qualifications, the therapy process, assessments, fees, or something that has not been addressed in previous paragraphs. It is your right to have a complete explanation for any of your questions at any time. Also, clients are encouraged to discuss any concerns with me. I abide by the American Counseling Association Code of Ethics, which can be found online at <http://www.counseling.org/Resources/aca-code-ofethics.pdf>. If you believe that I am in violation of these ethical standards, I encourage clients to discuss any concerns with me, but if you wish to file a complaint, you may contact my supervisor Dr. Chadwick Royal, PhD, LPCS at (336) 684-0697. If you have a complaint that you believe requires outside intervention, you can contact North Carolina Board of Licensed Clinical Mental Health Counselors, PO Box 77819, Greensboro, NC 27417; 844-622-3572; fax 336-217-9450; LCMHCInfo@ncblpc.org.

Acceptance of Terms

We, the undersigned, have read and fully understand and agree to the contents of this disclosure statement. The client has retained Kelly K. Jerome, Licensed Clinical Mental Health Counselor Associate, to provide psychotherapy. It is expressly understood that Kelly K. Jerome has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Kelly K. Jerome shall be obligated to maintain a reasonable standard of care in accordance with the ACA Code of Ethics for Professional Counselors. The client agrees that all fees shall be due and paid at the time of treatment, and to pay for uncanceled appointments or those where the client fails to give enough notice that he/she will not attend, and monies not paid over two sessions will result in ceasing therapy until the balance is made current. By signing below, I consent to counseling and understand the risks, benefits, procedures, and limitations of mental health counseling as described above. All of my questions have been answered to our satisfaction.