

Professional Disclosure Document

DIANE M WARSHOFSKY, MACC, LMFT, LPC,
NCC Licenses and Certifications:
Licensed Marriage and Family Therapist, NC#1879
Licensed Professional Counselor, NC#9697
Address: 3410 Healy Dr. Suite 207, Winston Salem, NC 27103
Phone: Office 336-793-7005 Mobile: 336-949-7684
Email: Diane@NewLifeWinston.com
Web Address: www.NewLifeWinston.com

Qualifications: I earned a Master of Marriage and Family Therapy from Reformed Theological Seminary. I am currently a Licensed Marriage and Family Therapist in North Carolina.

Counseling Background: I am honored to be working with you as your counselor. This information will inform you about my background, certain aspects regarding our therapeutic relationship & office policies. Please take the time to read through each section. I'm able to answer concerns at any time throughout the duration of the counseling relationship, and thereafter.

In 2012, I received a Master's Degree in Christian Counseling from Gordon-Conwell Theological Seminary in Charlotte, North Carolina. I am a Licensed Professional Counselor (#9697) & a Licensed Marriage and Family Therapist (#1701) in North Carolina as well as a National Certified Counselor (#301224). As an intern I provided individual, family, & couples therapy as well as groups for women's issues, grief and families that were dealing with impact of addictions. I have 5 years post-graduate experience wherein I have continued to provide therapy for individuals (adolescents & adults), families & couples (married & dating) with the focus of grief/loss, mood disorders, addiction recovery (behavioral, substance abuse, co-dependence), post abortion recovery, life transitions as well as relational issues. I have received additional training in the Gottman Method for couples.

Counseling Services: I provide counseling services to individuals including adolescents and adults of all ages. A standard counseling session is 53 minutes in length (extended time for sessions can be arranged). Counseling services are provided at the office located on Healy Drive. Counseling services are offered to anyone without regard to age, color, disability, ethnic group, gender, race, and/or religion.

Fees and Payments: A brief (10-15 min) screening with the practice director is offered at no-charge and may be conducted in-person or by telephone as time allows.

In-office, individual session rates: 41-53 minute sessions/\$130, 54-75 minute extended session/\$160. Couples/Family: \$140 for 41-53 minute sessions. Additional times calculated at \$20 per 10 minute unit. Extended sessions should be scheduled in advance so as not to inconvenience the next client on the schedule. Insurance companies WILL NOT pay for extended sessions except in cases of crisis. Fees for sessions lasting longer than 53 minutes are the client's responsibility. We don't offer therapy sessions under 40 minutes as we believe that it's impossible to do justice to the therapeutic process in such a brief time. Clients who wish to request a brief coaching session, (40 minute or less --\$100 not covered by insurance) or an extended session (54 minutes or longer) must make special arrangements with their therapist in

advance, all other sessions are assumed to be 53 minutes and may be scheduled on the client portal if your therapist utilizes this option.

Telephone Consults: There is no charge for brief telephone calls with clients. Calls exceeding 5 minutes are charged at the rate of \$20 per 10 minute time unit. Health insurance won't cover the cost of Telephone Consults.

Payment is due at the time of service for in-office sessions. Payment can be made by cash, check or by credit card. There is no sliding fee schedule at this time. We don't accept Medicaid, however we will gladly bill the insurance company for those clients who have insurance coverage. This is done as a courtesy to you and doesn't guarantee that your insurance will cover all or a part of your therapy. You are responsible for any unpaid balances. The NSF fee for a bad check is \$40. Any unpaid balance after 30 days may be reported to the credit reporting agencies and/or forwarded to collections, and may accrue additional fees from the collections company as well as a \$50 late fee applied monthly. Any unpaid balances at the end of the year may be reported to the Internal Revenue Service as "bad debt". These situations are highly problematic to the therapeutic relationship and can easily be averted by paying your bill in a timely manner.

Use of Diagnosis: Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most insurance companies will require a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records

Social Media: Although I may participate in a number of social media activities, I maintain clear boundaries between my personal and professional life. Please don't be offended, but I do not accept requests for connection through social media sites from my clients, former clients or their family members.

Electronic Communication: During the initial gathering of data, I will ask you for an e-mail address and ask permission to send you information regarding appointments and other business matters via e-mail. You have the right to deny me this information. Confidentiality of information shared through e-mail or text cannot be guaranteed. If you give me permission to contact you through e-mail or text, you accept responsibility for any breach of confidentiality. As a general rule, I do not do therapy via e-mail, on-line chat, text, or phone. I do not routinely use Skype or other video methods for therapy sessions; however, in special circumstances a meeting via a HIPAA compliant video method may be conducted.

Cancellations and Missed Appointments: You have the responsibility to be on time for your appointments. If you are unable to keep your office appointment, you must provide 24-hour notice (by 2:00 pm on Friday for Monday appointments) or you will be billed \$100 for the missed session. If you miss more than 2 appointments, I reserve the right to place you on a same-day scheduling status. Excessive cancellation with more than 24 hour notice may result in you losing your standing appointment status

Confidentiality: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. All of the employees/business associates in my agency are responsible for maintaining secrecy and confidentiality of all client records. In addition, if I see you in public,

I will protect your confidentiality by greeting you only if you greet me first. All of our communication becomes part of the clinical record, which is accessible to you upon request. However, therapy notes may not be released, at my discretion, without a court order signed by a judge. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions. These exceptions include, but are not limited to, the following situations:

1. If I determine that you may be a danger to yourself or others.
2. If you provide information that leads me to believe that a child (under 18 years of age), elderly person (65 or older), or a disabled adult is or has been abused or neglected.
3. A court order has been issued to release information about you and your clinical record.
4. If you request in writing that I may release information about you.

Client Rights: I am an independent contractor who provides services to New Life Counseling Center, PLLC's clients. I assume full responsibility for my actions in the provision of services, scheduling, insurance billing and collections. I determine how, when and where I provide services, within the confines of the operating hours of the practice and the agreed upon fees. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe may not be beneficial or may be harmful.

Contact Information: The best way to contact me is through my cell phone at 336-414-3711 or the office number 336-793-7005. If you contact me by phone, you can leave a confidential message for me through my voicemail. I check my voicemail throughout the business day between appointments as time allows but always at the end of the business day (weekends and holidays are excluded). In an emergency, please call 911, the Winston Salem 24-hour mental health center at 1-888-581-9988, the National Hopeline Network at 1-800-784-2433, (1-800-SUICIDE) or go to your local emergency room.

Complaints: If you have a concern I encourage you to speak with me directly so that we can resolve the issue or you may pursue communication with New Life Counseling Center, PLLC's Director, Donna P. Dunlap, LPC (336-793-7005). I abide by the ACA code of ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>) & the AAMFT Code of Ethics adopted by the NC MFT Licensure Board (http://www.aamft.org/imis15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx). Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organizations below should you feel I am in violation of any of these codes of ethics.

North Carolina Board of Licensed Professional Counselors

PO Box 77819, Greensboro, NC 27417

Phone: 844-622-3572

Fax: 336-217-9450

E-mail: LPCinfo@ncblpc.org

North Carolina Marriage and Family Therapy Licensure Board

P.O. Box 5549 Cary, NC, 27512

Phone 919.469.8081

Fax: 919-336-5156

Email: nclmfilb@rr.com

I have read and received a copy of this professional statement for my records:

Client

Signature: _____ Date: _____

Parent Signature (clients under
18): _____

Date: _____

Therapist

signature: _____ Date: _____