

## Professional Disclosure Document

**Rebecca Stone, MAMFTC, LMFT**

**Licenses and Certifications: Licensed Marriage and Family Therapist, NC#1879**

**Address: 3410 Healy Dr. Suite 207, Winston Salem, NC 27103**

**Phone: 336-793-7005, 256-443-9833**

**Web Address: [www.NewLifeWinston.com](http://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 have worked as a professional therapist for 5 years with a diversity of clients of all ages and backgrounds including children, adolescents, adults, and families, providing individual counseling, couples & family counseling services. I work with a host of presenting problems, including anxiety and depression, addiction, marriage counseling, and a large variety of other issues requiring treatment. I provide services that include: solution-focused therapy, cognitive therapy, talk therapy, trauma therapy, and family and couple's therapy utilizing systems theory, and principles derived from the tenants of Imago and Gottman couple counseling techniques, and basic psychodynamic and cognitive therapy.

**Counseling Services:** I provide counseling services to individuals including children (ages 5 and older), 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 is offered at no-charge and may be conducted in-person or by telephone as time allows.

**In-office,** individual/couples/family session rates are: 30-40 minute sessions/\$100, 41-53 minute sessions/\$120, 54-75 minute extended session/\$150. Additional times are calculated in 10 minute increments at the rate of \$20. Insurance companies WILL NOT pay for extended sessions except in cases of emergency. Sessions lasting longer than 53 minutes are the client's responsibility. Clients who wish to request a brief, (40 minute or less) session or an extended session (54 minutes or longer) must do so by phone, all other sessions are assumed to be 53 minutes and may be scheduled on the client portal.

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. 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 cannot be guaranteed. If you give me permission to contact you through e-mail, 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 or you will be billed for the missed session except in case of an emergency, and unless my agreement with your insurance company disallows it. If you miss more than 2 appointments, I reserve the right to place you on a walk-in only basis. That means that a specific appointment time will not be made for you, but you will be seen based on my availability on a first-come, first-served basis.

**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. 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 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 the office number 336-793-7005 or my cell phone at 256-443-9833. 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. The physical address of my practice is 3410 Healy Dr, Suite 207, Winston Salem, NC 27103

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: \_\_\_\_\_