

WARREN COUNSELING SERVICES

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PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I was conferred in 2001 with a Master's of Science degree in Interdisciplinary Studies with concentration areas of Counseling, Psychology, and Philosophy from the University of North Texas. In addition, in 2008, I completed a Doctorate of Philosophy in Counseling with a minor in Philosophy from the University of North Texas. I am a Licensed Professional Counselor in North Carolina (#7259) and Texas (#19380). My formal education has qualified me to counsel individuals, couples, families, and groups.

Experience: Since 1999, through my M.S. and Ph.D. programs and under supervision, I have extensively counseled individuals, couples, families, and groups in university, agency, community, and private practice settings. In 2004, I completed my clinical internship, which consisted of 3000 supervised clock-hours. Since 2004, I have worked full-time in individual and group private practice in addition to teaching counseling and psychology at the graduate level. My areas of expertise include couples/marital counseling, mood disorders, anxiety disorders, personality disorders, artist's issues, creativity, and ethical/spiritual concerns.

Nature of Counseling: Life inevitably presents certain struggles and difficult situations to varying degrees. Utilizing your strengths and abilities, our work together in counseling can help you seek out healthy, balanced approaches to life's challenges. Our approach will include life skills development; discussion of feelings and/or problems/concerns; and experiments with alternative modes of thinking, feeling, and acting. Common benefits include improvements in self-awareness, self-esteem, self-confidence, hope, relationships with others, and taking an active and responsible role in one's life. I use a holistic approach to counseling that takes into account your biological, psychological, social, and spiritual dimensions. I strive to establish and maintain a relationship with you, the client, which is characterized by equality and cooperation. I will accept you into my practice only if I believe you have the capacity to resolve your own problems with my assistance. In general, once you and I agree on your specific counseling goals, I will offer vehicles for you to use in the achievement of those goals. It is crucial that you make active use of these vehicles to create the change you desire in your life.

INFORMED CONSENT

Counseling Relationship and Format: Our initial meetings will be a consultation in order to best understand your concerns, your history, and determine the appropriate course of treatment. This process typically lasts 2-3 sessions, but may be longer. At the conclusion of these initial sessions, we will collaboratively determine a plan to best address your concerns. This may or may not involve referrals to mental health, medical, or other providers. During the time we work together, we will typically meet once a week for 45 - 55 minutes. Occasionally, it is recommended to meet more frequently. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me or if you are experiencing a crisis and are able to reach me. You will be best served if our interactions exclusively address your concerns.

In certain circumstances, I am also available to conduct counseling sessions via telephone, FaceTime, Skype, or other platforms. All of the policies and procedures of face-to-face counseling described herein apply, such as scheduling, cancellations, fees, etc.

I do not discriminate on the basis of race, gender, religion, national origin, or sexual orientation. If significant differences, such as in culture or belief system, exist between us, I will work to understand those differences. At your and/or my suggestion, you may bring other family members to a therapy session if you believe it would be helpful. Unless you prefer otherwise, I will call you by your first name; please call me Scott.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. Although I expect you to benefit from counseling, I cannot guarantee any specific results. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel distressed, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In particular, one risk of couples counseling is the possibility of exercising the divorce option. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

Client Rights: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years. 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 negotiate modification of any of my counseling techniques or suggestions that you believe might be harmful.

I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you believe my services are unethical, please let me know. If I am not able to resolve these concerns, you may report your complaints to the North Carolina Board of Professional Counselors, P.O. Box 77819, Greensboro, NC 27417, tel: 844-622-3572, fax: 336-217-9450 .

Appointments, Cancellation, and Crises: You may make, cancel, or reschedule appointments by contacting me at my confidential phone number and voice mail at 919-537-8791 or via email at scott@warren-counseling.com. If you cannot keep a scheduled appointment, please notify me via phone or email ***before the calendar day of the session.*** If I am notified before the calendar day of the session, there is no charge to reschedule or cancel. If you cancel or reschedule on the calendar day of the session, you will be charged **\$25.00**. If no notice is given, and the session is missed (e.g. a “no-show”), you will be charged the full usual and customary fee of **\$125.00** for the session. You will be solely responsible for any cancellation charges, as health insurance providers do not cover missed sessions.

You may also contact me via email at the address above to schedule appointments, but please understand that email is not a confidential medium and may expose your information to others. Please do not use text to contact me regarding scheduling and cancellations.

If you experience an emergency crisis for which you need immediate help, you may try to reach me by my mobile phone at 940-300-3498 and I will attempt to return the call within one hour. If you cannot wait for a callback, please go to your nearest hospital emergency room or call 911. If you contact me via phone and it is not an immediate crisis, I will be available for as long as it takes to schedule an appointment. Any conversation beyond that will be considered telephone counseling and will be billed in prorated 15 minute increments, according to my fee schedule below. Please be informed that insurance companies do not usually cover telephone counseling and you will be responsible for any incurred fees. PLEASE NOTE: Only use my mobile number in an emergency. Do not use email, text, or any other medium.

Fees: In return for a fee of \$125 per individual session, \$160 per couples session, and \$60 per person for group sessions, I agree to provide counseling services for you. You must pay the session fee in full at each session, unless other arrangements are made. I am also able to provide counseling services on a sliding scale basis if financial circumstances warrant, which is based on your total household annual gross income and total number of dependents. You must provide photocopies of your most recent federal 1040 tax returns in order to determine if you qualify for a fee reduction. You must also notify me of any change in your financial status that may affect your negotiated rate. Cash or personal checks are acceptable for payment. Personal checks should be made payable to E. Scott Warren. An additional fee of **\$50** will apply for any items returned unpaid.

If you are involved in a lawsuit in which I am subpoenaed by any person or party to give deposition or courtroom testimony, you are responsible for reimbursing me at a rate of \$350 per hour for time I spend on preparation, legal proceedings, and travel to and from those proceedings. In such a case, I will send you a bill that specifies payment within 30 days.

If for any reason an account balance has been accrued, the balance is due within 30 days of the invoice date. Accounts not paid within 30 days will have a finance charge of 10% added for each two weeks of outstanding payment. By signing this Informed Consent you consent for me engage a collection agency in the event that you have not paid your bill within 60 days, in which case I will reveal only your contact information and amount owed.

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In the event an attorney must be hired to collect any amounts owed, you agree to pay all attorney's fees.

Third Party Reimbursement: I am available as a provider on an out-of-network basis for most insurance providers. I also currently operate in-network for a limited number of insurance managed care panels and employee assistance programs (EAPs). Most insurance companies will require that I diagnose your mental health condition and specify your diagnosis before they will agree to reimbursement. The condition(s) for which you seek counseling may or may not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis I plan to render before I submit it to the health insurance provider. Any diagnosis I make will become part of your permanent insurance records and may negatively influence your qualification for insurance coverage in the future. In addition, your insurance panel or EAP may require future information from me as to your concerns, condition, and/or progress. Once such information is submitted, I have no control over it and cannot guarantee that the company will appropriately safeguard it. Nor can I guarantee how it will be used. A number of insurance panels will not reimburse for couples/marital counseling unless one or both of the clients qualifies for a psychiatric diagnosis.

As my status with various panels can change, I ask that you inquire with your insurance panel and me in order to confirm I am currently participating prior to initiating counseling. If I am participating in-network, I will confirm benefits for you and submit any necessary paperwork. You will be responsible for any deductible and/or co-payments at the time that counseling services are rendered.

As a courtesy to you, if you elect to use out-of-network benefits, I am willing to complete and submit any necessary forms to your insurance company for reimbursement. Out-of-network benefits usually require that a deductible be paid by you before reimbursement is allowed, and then usually only a percentage of my fee is reimbursable. It is your responsibility to contact your insurance provider to determine whether they will reimburse you and what schedule of reimbursement will be used. Unless other arrangements are made, you will be required to pay my full fee at each session and then indicate any forms that all insurance payments be assigned and sent directly to you.

If you are utilizing an employee assistance program, you must contact your program and obtain any necessary authorization and/or paperwork prior to beginning counseling.

In any case with third-party reimbursement, you are responsible for the full amount of any sessions declined or otherwise not covered by your insurance or employee assistance panel. Please be informed that verification of insurance benefits does not guarantee payment by your insurance company. You, not your insurance company, are ultimately responsible for all payment of fees.

Referrals: Not all conditions presented by clients are appropriate for treatment by me. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Confidentiality: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. However, the following limitations and exceptions to confidentiality do exist: a) I determine that you are a danger to yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly or disabled person; c) you disclose sexual contact with another mental health professional; d) I am ordered by a court to disclose information; e) you direct me to release you records or f) I am otherwise required by law to disclose information. If I see you in public, I will protect your confidentiality by greeting you only if you greet me first.

In the case of secrets revealed during couple counseling, I will keep confidential anything one partner/spouse tells me without the other partner's knowledge (unless it involves one or more of the exceptions cited above). However, I encourage open communication between partners, and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to therapeutic progress, such as a current, ongoing affair. By signing this Informed Consent, clients involved in couple counseling consent for me to maintain one file for all joint sessions which either party may access or obtain copies of at any time, unless otherwise specified by third-party payers.

For further information about confidentiality, see the *Notice of Privacy Practice* document.

Client Initials _____

Records: All of our communication becomes part of the clinical record. Your individual record is accessible to you on request at a separate counseling session specifically for that purpose, unless, in my judgment, the contents may be detrimental to you. To protect your confidentiality, I store paper records in a lockable file cabinet and electronic records through a password protection system. I will shred your paper records and delete your electronic records seven years after our last counseling session. If I die while still maintaining your records, my will specifies that your records be transferred to the North Carolina Board of Professional Counselors, P.O. Box 77819, Greensboro, NC 27417, tel: 844-622-3572. If I become incapacitated such that I am unable to maintain your records or provide you with a referral, you consent for my attorney to assign a qualified mental health professional to transfer inactive records to the NCBLPC and to assume active cases by offering to provide continuing mental health services and/or offering referrals for such services.

For additional information about records, see the *Notice of Privacy Practice* document.

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past seven years, I may request you to sign a release so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services, if I deem it important to do so. While you are in a professional relationship with me you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with me and sign a release that enables me to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, I may consider this your decision to change counselors and I reserve the right to terminate your counseling with me.

I reserve the right to postpone and/or terminate our counseling relationship if you come to your session under the influence of alcohol or illegal drugs. I also reserve the right to terminate our counseling relationship if you do not comply with the medication recommendations of your psychiatrist or physician; if I believe you are not benefiting from counseling; if, in couple counseling, I learn that you are battering your partner/spouse; if I am seeing you in couple counseling and you and your spouse decide to divorce; or if I am impaired in providing competent counseling to you. In the case of group counseling, I reserve the right to deny group entry to anyone I consider inappropriate for the group and to terminate from the group anyone whose behavior I consider detrimental to the therapeutic effectiveness of the group. In all of the aforementioned cases involving termination, I will provide you with referrals. If you choose to decline the referrals, I will terminate our counseling relationship, nevertheless.

Consent to Treatment: By your signature below, you are indicating 1) that you voluntarily agree to receive mental health assessment and mental health care, treatment, or services, and that you authorize me to provide such assessment and care, treatment, or services as I consider necessary and advisable; 2) that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may at any time stop such care, treatment, or services that you receive through me; 3) that you have read and understood this statement and have had ample opportunity to ask questions about, and seek clarification of, anything unclear to you; and 4) that I provided you with a copy of this statement. You consent for me to communicate with you by mail, e-mail, and/or phone at the following addresses and phone numbers, and you will IMMEDIATELY advise me in the event of any change. By my signature, I verify the accuracy of this document and acknowledge my commitment to conform to its specifications.

Client's Signature	Date	Social Security Number
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Home Address

Home Phone	Work Phone	Mobile Phone	Email
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Counselor's Signature	Date
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Client Initials _____