



Jenna E. Wilson, MSW, LCSW

360 N. Caswell Rd. Charlotte, NC 28204 office 704.729.7588

www.cornerstonecounselingnc.com

Professional Disclosure Statement

Welcome! I look forward to working with you as you achieve your personal goals. The following information and guidelines have been established to facilitate our work together. Please feel free to comment or ask any questions.

Qualifications/Experience

I am a Licensed Clinical Social Worker (#C008714) having earned my Masters in Social Work (MSW) from the University of North Carolina at Charlotte, with a concentration in individual and family counseling. In addition to my work with Cornerstone Counseling, I have worked in medical and pediatric settings within Carolinas Healthcare System. I enjoy working with adults and the family unit as a whole and find this work very rewarding.

Nature of Counseling

N.C. Statute 90-343 entitles you to this statement of my professional background to ensure your understanding of the therapeutic relationship and process. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards as set forth by the National Association of Social Workers. I look at counseling as a two-way, professional relationship where you are encouraged to set the direction of our sessions as you share your thoughts, concerns, ideas, and feelings about yourself and your associations. Your purpose in seeking counseling will help us set goals for your personal growth. These goals are individualized and are likely to change throughout the process of therapy. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, I truly believe that individuals have a natural tendency toward growth and that change is possible.

I strive to establish and maintain a therapeutic relationship based on self-determination, acceptance, respect, trust, and encouragement. I use a variety of

modalities of therapy that incorporates family of origin, interpersonal, and cognitive-behavioral aspects of counseling. I have also have experience with EFT (Emotionally Focused Therapy) for couples. I believe these modalities help us gain awareness of our personal interactions styles, so we can look toward more successful choices in personal interchanges.

The therapeutic environment is intended to be a safe and honest one; therefore, I encourage you to speak freely about any concerns you may have, particularly regarding our progress or the sessions themselves. Likewise, I will be honest and straight forward with you. It is not unusual that as the counseling process progresses and we discuss painful issues that you may feel as though things are getting worse before they get better. If at any time you are dissatisfied with my services, please let me know. While you may end our counseling relationship at any time, I do ask that you participate in a closure session. Should you and/or I believe that a referral is needed, I will provide you with one with some possible referral sources.

The counseling relationship is a psychologically intimate but strictly professional one. It is my absolute commitment, and a requirement of my licensing, that our relationship be limited to our counseling sessions and necessary telephone contacts. Therefore, if I see you in public I will not acknowledge that I know you unless you speak to me.

Standard Sessions

I offer 50-minute sessions. The 10 minutes extra per hour is to enable me to document our session before I go into therapy with the next scheduled client. This is standard practice for counselors and enables me to give you more professional and attentive service. I do provide phone/skype sessions if requested by the client. However, I feel strongly I can provide my best therapeutic work with face to face interactions.

Fees and Billing Practices

Individual counseling sessions are 50 minutes in length with a fee of \$ 115.00 per session if a client chooses to pay out of pocket. Prior to our first session, I will check with your insurance carrier to confirm your benefits for reimbursement of services. I encourage clients to do the same. Fees are paid at the conclusion of each session and a receipt provided. If we agree that I file insurance directly, then you are responsible for any co-pays due and ultimately responsible for payment in full if your insurance company does not pay within 90 days. It is your responsibility to file with your insurance if we have not made arrangements otherwise. If I am out of network with our insurance company, it can be beneficial to file these claims yourself as you may be entitled to partial reimbursement for your session.

Missed appointments for ANY REASON without 24 hours notice is the responsibility of the client, and will be charged a \$50.00 cancelation fee.

Records and Confidentiality

Your counseling sessions, and the discussions therein, remain confidential unless I obtain a signed release from you for me to discuss your case with another professional. Case records are confidential and will not be released without written permission from you.

However, in certain circumstances it is required that confidential information is disclosed without your consent which include, but are not limited to the following: 1) If you are evaluated to be a danger to yourself or others; 2) If you are a minor, elderly, or disabled and the counselor believes you are the victim of abuse or neglect, or you divulge information about such abuse or neglect; 3) If a court order or other legal proceedings or statute require such disclosure; 4) Your insurance company requires information in order to pay claims; 5) As stated above, at your request.

Some health insurance companies will reimburse clients for my counseling services and some will not. Those that do reimburse usually require that a standard amount be paid by you (deductible) before reimbursement is allowed, and then only a percentage of my fee is reimbursable. Likewise, there may be restrictions limiting the number of sessions you are allowed within the insurance company's calendar year. You should contact a company representative to determine whether your insurance company will cover my fees. However, please remember that you are responsible for paying counseling fees agreed upon.

If your insurance company is paying in part or full for your session, they sometimes have the right to gain information regarding your counseling sessions. This varies with different insurance companies. If there is any question about this, it is suggested that you contact the insurer and inquire about the access they are allowed under your policy agreement. Additionally, in order to file through insurance, it is required that I give you a diagnosis. It is important that you know that not all diagnosis' are covered under a given insurance plan and that when a diagnosis is given, it becomes part of your health records with the insurance company. I will inform you of the diagnosis I plan to render before I submit it to the health insurance company.

Emergency Services

In the event of an emergency and to ensure your safety, you are instructed to call 911 or the Carolinas Medical Center-Randolph 24 hour call center at (704) 444-2400 to receive immediate assistance. I do not offer emergency services.

By signing below I acknowledge that I have had the opportunity to ask questions I may have on limits of confidentiality. I have also discussed the goals of therapy with Laura and understand that therapy is a joint effort between the counselor and client, the results of which cannot be guaranteed. Progress depends on many factors

including motivation, effort, and other life circumstances such as my interactions with the family, friends, and other associates.

Furthermore, by signing below, you are indicating that you have read, understood, and agree to the information contained in this statement; that you have been given a copy of this form for your records; and that any questions you have about this statement have been answered to your satisfaction.

Request for Services

I am requesting the counseling and therapy service of Jenna Wilson, MSW, LCSW. I have read the above information. I understand that though every effort for confidentiality will be made, that ultimately an order from a court of law or life endangerment supersedes my need for confidentiality. I understand that I may discontinue counseling sessions at any time.

I understand fully the No Show Fee Policy and agree to pay for my scheduled time when I am unable to give proper notice.

YES NO

I have read the information packet and agree to the Financial Policy stated therein.

YES NO

Client Name (PRINT)

Client Signature

Date