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PROFESSIONAL DISCLOSURE STATEMENT

I am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

I hold a Masters of Arts degree in Counseling from North Carolina Central University and received my degree in 1993. I have been a Licensed Clinical Mental Health Counselor since 1995. In addition, I hold the following licenses: LCHMC. (Licensed Clinical Mental Health Counselor #2126); and Certification as a CEAP (Certified Employee Assistance Professional #0036490).

COUNSELING SERVICES OFFERED/THEORETICAL APPROACH

I work with adults from diverse populations who have experienced depression, anxiety, life stress, co-dependency, self-esteem and/or relationship issues. I work with clients who are psychologically and emotionally "healthy". I will not see clients whom, in my professional opinion, I will not be able to help. When this occurs I will make an appropriate referral.

Most people come to therapy with irrational beliefs about themselves. They seek help in coping with their problems and the circumstances of daily living. My role as a counselor will involve encouraging clients to challenge self defeating thoughts, feelings and behaviors, by developing a more rational philosophy of life. Clients will learn to accept personal responsibility for their lives by developing a plan for change and commitment to follow through with that plan.

The client will be expected to work both in and out of counseling sessions. He/she may be asked to do homework assignments, maintain a journal, do role playing and other projects. Please note that it is impossible to guarantee any specific results regarding your counseling goals. Nonetheless, with continued commitment and effort, most clients will acquire a greater sense of personal worth.

My theoretical approach is based on cognitive and behavioral oriented therapies which include "Rational Emotive Therapy" developed by Dr. Albert Ellis, "Cognitive-Behavioral Therapy" derived from Drs. Aaron Beck and Donald Michenbaum, and Reality Therapy created by Dr. William Glasser. These are all well respected, researched and established therapies.

CONFIDENTIALITY

I have great respect for the information you share with me. I will keep confident the information that you discuss with me, with exception of the following: 1) You request that I tell someone else in writing 2) I determine you are a danger to yourself or others 3) I am ordered by the court to release information and 4) I am mandated by law to report reasonable suspicions of child /elderly abuse. Otherwise, I will not discuss with anyone your treatment, diagnosis or history without your complete knowledge and a signed Release of Information form.

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

LENGTH OF SESSIONS

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-60 minutes in duration. Your appointment represents time reserved for you. We will schedule your sessions for our mutual agreement. If you are unable to keep an appointment please call to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, **I reserve the right to charge \$35.00 for all cancellations made less than 24 hours in advance.** Please help me serve you better by keeping scheduled appointments.

FEE/METHODS OF PAYMENT

Patients are financially responsible for all charges whether paid or not by the insurance company. All payments are due in full before services are rendered by check, cash or credit card. My hourly fee for an initial assessment is \$150.00 and \$120.00 hourly for subsequent sessions. In proven financial hardships, I will offer a sliding scale fee of \$_____ for initial assessment and \$_____ for subsequent sessions. I am also a provider for some Employee Assistance Program plans. Please contact my office with any questions regarding EAP plans or insurance.

BILLING/INSURANCE REIMBURSEMENT

I can accept some insurance plans such as Aetna, Blue Cross Blue Shield of N.C., Magellan, MedCost, Tricare, ValueOptions, Cigna and United Behavioral Health. Some health insurance companies will reimburse for counseling services and some will not. Those that do, usually require that a standard amount be paid by you (your co-pay). The portion that they pay will either be a set rate that they have established for the therapist (typical for "managed care" or "HMO" plans). Certain insurance plans will also pay for certain therapists, i.e. M.D., Ph.D., M.S.W., M.S., M.A., etc. We will need to determine if your plan will pay for someone with my educational background. Please read your insurance information thoroughly (under Mental Health/Substance Abuse Benefits) or contact a representative if you have questions. Many insurance plans require pre-approval by their managed care companies before they will pay for counseling services. I highly recommend that you verify your insurance benefits. **PLEASE UNDERSTAND HOW YOUR INSURANCE WORKS!** Please understand that you are responsible for any balances not covered by your insurance. You are also responsible for all deductibles, co-payments, and estimated amounts not covered by your insurance company and are due at the time services are rendered. Your insurance policy is a contract between you and your insurance carrier; it is your responsibility to obtain authorization for the initial visit. It will ultimately be your responsibility, and not your insurance company for paying the fees agreed upon.

If you decide to use your health insurances mental health benefit, I will complete any necessary forms that your carrier may require of me in order to get reimbursed for services. Insurance filing/billing will be handled by my office. The insurance reimbursement should come directly to my office. Health insurance companies often require that I diagnose your mental health condition by indicating that you have a "disorder" before they will agree to reimburse for services rendered to you. In the event that a diagnosis is required, I will inform you of the diagnosis I have given before I submit it to the health insurance company. Please realize that any diagnosis made will become a part of your permanent health insurance records. In addition to this, some insurance companies, specifically HMO's and managed care plans, require case history details and treatment plan information from me in order to pay for or approve future visits.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the North Carolina Board of Licensed Clinical Mental Health Counselors at P.O. Box 77819, Greensboro, NC 27417, (844) 622-3572 for clarification of clients' rights as I've explained them or even to lodge a complaint. Should you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you and I will retain a copy in my confidential records.

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____