



CLIENT DISCLOSURE STATEMENT
(Information and Consent)

Welcome. I am honored that you have chosen to seek my services. I look forward to working together and would like to take this opportunity to share some important information with you about my background and our professional relationship. The purpose of this document is to inform you of my counseling capacities and offer other information regarding my business practices, your participation in counseling, as well as to obtain your informed consent to receive therapeutic services from me.

PROFESSIONAL BIO

My full name is Kambra Jolee Meyer. My current degrees, earned in 2004 from Naropa University in Boulder, Colorado, are a MA in Transpersonal Counseling Psychology and a MA in Art Therapy. I have over thirteen years of counseling experience, and currently I am licensed as a Professional Counselor in North Carolina, LPC #6721. I am also licensed as a Clinical Addictions Specialist in North Carolina, LCAS #2048.

I use an eclectic approach to counseling, utilizing different therapeutic models to fit the individual needs of my clients. Mostly I base my counseling style on transpersonal and cognitive behavioral theories along with more specific developmental, body-centered and trauma recovery models. My approach stems from a strengths-based and client-centered perspective, drawing from feminist and humanistic psychology, and focusing on the present moment. Please feel free to ask me more about these theories and how they relate to your treatment. Also, art materials are always available for self-exploration and expression.

Currently, I am seeing clients of all ages in private practice and young adults in an outpatient setting where I provide individual and group therapy, at a wilderness-based treatment center for addictions recovery. Additionally, I have experience in family, child, adolescent, and elder counseling. My experiences, education, and training have prepared me to work with most mental health diagnoses. I have the extensive experience with treating mood, anxiety, and personality disorder symptoms as well as trauma-related issues, eating disorders, childhood disorders, and substance use disorders. If you have any concerns regarding my experience or qualifications, please feel free to discuss them with me and I would gladly facilitate a referral to another provider if needed, at any point in our work together.

In a private office setting, as opposed to a fully staffed emergency clinic with an array of ancillary services, some psychotherapies may not be appropriate. If I determine that your treatment requires a more full array of services and/or greater availability than what a solo practitioner can provide, we may need to consider either supplementing our therapy with ancillary therapies elsewhere, or transfer the whole of the therapy to a fully staffed mental health clinic. In these situations, I will discuss the options with you and stand by you while the transfer is affected.

THE THERAPEUTIC RELATIONSHIP

Our professional relationship will be developed as we continue to work together. Counseling is a process that takes hard work from both the therapist and the client, in addition to mutual feedback and direct communication. Please know that there are no instant fixes or cures. However, through active participation and involvement, we will work

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to identify your strengths, preferences, and needs. We will also work together to identify issues or barriers that may be holding you back from reaching your full potential. Honest and open communication will allow us to trust the therapeutic process and move through these uncomfortable thoughts and emotions to allow for personal growth and emotional wellness.

It is important to recognize that counseling may present risks and benefits to those who engage in it. The potential risks may include (and are not limited to) experiencing guilt, shame, fear, anger, frustration, anxiety, depression, and resistance to change. The potential benefits may include (and are not limited to) gaining self-awareness, reconciling past suffering, engaging personal strengths, changing toxic patterns, improving one's quality of life and engaging in emotional healing. In my experience, "hitting a wall" or having a sensation of "things getting harder before they get easier" is common, and when someone can tolerate that discomfort, generally healing, growth, and/or personal evolution exist on the other side of the suffering. Together we can find a way through pain and toward the healing, if we trust the therapy process.

There are certain responsibilities of both the therapist and client in the therapeutic relationship. It is my responsibility as a counselor to remain attentive and present while creating a nonjudgmental atmosphere where trust and safety are prioritized. This means the I must maintain professionalism and uphold appropriate boundaries at all times, leaving personal matters "outside the room" unless sharing such information would benefit the client. It is the responsibility of both the client and therapist to keep all counseling appointments and to attend all therapy sessions free from the influence of drugs and/ or alcohol. In addition, the client's level of honesty is directly related to the effectiveness of the counseling experience. (In other words, you will get out of it what you put into it).

During your initial sessions, you will have an opportunity to complete a client history and if appropriate, we can develop a treatment plan together. This person-centered plan may serve as our guide to where you want to go during the course of therapy. If you choose to create one, we will reflect back on it periodically. A good treatment plan is pliable and can be amended as necessary. Also, having written down goals helps us to know when to start discussing your accomplishments and working on issues of termination. Another part of treatment planning is the diagnosis of what brings you to treatment. We will discuss the diagnosis/diagnoses for which your symptoms meet the criteria, and also how this information will help us to formulate the best treatment plan for your unique needs. This information will be a part of your personal client record and protected under privacy laws. If you are using private insurance and they request information regarding your diagnosis and treatment plan for payment purposes, we will discuss it further at the appropriate time.

If we agree to regular weekly or biweekly appointments, and you do not show for 3 consecutive appointments, your spot in my calendar will be opened up to another client awaiting services. At that point, if you would like to resume your counseling services, you may be able to be worked back into the schedule. In the case of two missed scheduled sessions in a row with no attempt to reschedule, you will be discharged from counseling services. Once discharged, you may call to reschedule and I may be able to offer you a session, based on availability. At that point, you may have to go on my waitlist for cancellations or be referred to another clinician.

If you have an after hours mental health emergency, please go to your nearest emergency room for assistance or call 911 or Mobile Crisis at (888)573-1006. I strive to return urgent phone calls made outside of our sessions within 24 hours, but cannot be expected to be a first responder in a crisis situation. So, let's work together to identify your support system in case of an emergency.

CONFIDENTIALITY

I regard the information you share with me with great respect. In order for therapy to be effective, it is often necessary to safely reveal private and sensitive information about yourself in the course of treatment, to allow the therapist to help you look at yourself honestly to begin to make the changes you wish to make. In our initial session we will discuss confidentiality and its limitations. The only times I cannot keep what you tell me

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confidential are when issues of safety and harm to self or others are imminent, you share information with me about a child or elder who has been or is being abused, a judge orders me to release information, or you have signed a consent for release saying that I have your permission to discuss specific information about your care to a third party. If you are currently taking medication prescribed for emotional or psychiatric conditions, I reserve the right to require a signed Release of Information form for your prescribing provider. Releases are good for one year and can be revoked at any time by the client in writing. I am happy to entertain any questions you have regarding your right to confidentiality, and my intentions for sharing any personal information about our work together.

Under North Carolina law, communication between a client and a Licensed Professional Counselor is privileged (confidential) and, in general, may not be disclosed to anyone without your prior written consent. There are, however, some exceptions to your privilege of confidentiality. Even without your consent, I am legally obligated to report certain disclosures you may make.

For instance, I may be required to disclose certain information if:

- (a) You are under 18 years of age and your parent's request access to your records.
- (b) There is a serious threat of physical violence to yourself or a third party through a plan of action or inaction. I am required by law to do whatever is necessary to help protect you including calling a family member, other persons in your life, or the police who can help protect you, or have you evaluated for hospital admission for that protection.
- (c) There is reason to suspect that a minor child (under age 18), an incapacitated adult or elderly person is suffering, has suffered or in danger of suffering physical or emotional abuse or is being or has been sexually abused. This is so even if there is no proof of such abuse, but merely suspicion of it. It is not the duty of the therapist to ascertain the certainty of this, merely to report the danger of it being so.
- (d) I receive a valid subpoena or court order requiring the disclosure of all or some part of your counseling record.
- (e) The North Carolina Board of Licensed Professional Counselors or the North Carolina Department of Health and Human Services are conducting investigations, I will be required to cooperate and allow access to your records.

In those rare instances where it is necessary for me to disclose information relating to your counseling without your permission, I will make every effort to fully discuss it with you. However, when I am required to disclose your records pursuant to a court order issued under the Patriot Act, I may be prohibited by the terms of the order from notifying you of the disclosure.

There are two other instances where I, the therapist, may also be released from the confidentiality rule. One is if there is a charge brought against me to the licensing board or in court, I am allowed to use all information to defend myself. The second is if a patient does not pay the bill for therapy, after reasonable efforts at collections I am allowed to involve legitimate collections activity by other parties, which will release information such as dates of service, charges, payments and balances necessary for the collections process.

CONFIDENTIALITY WITH MINORS

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I decide that such access is likely to injure the child, or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with adolescents, it is often my policy to request an agreement from parents that they consent to give up their access to their child's records. If the parents agree, I will provide them only with general information about the progress of the child's treatment including information about the child's attendance at scheduled sessions. Upon written request, I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger to

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self or other. In this case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

CONSULTATION / PROFESSIONAL / ETHICAL ISSUES:

It is my standard and sound clinical practice, to consult with colleagues regarding clinical matters and on-call coverage. Full confidentiality cannot be maintained when I share on-call coverage in the case of a mental health emergency, or with the clinicians with whom I may consult. The information shared in such circumstances is only what is necessary for the consultation or to ensure effective clinical intervention. If I consult with a clinician to improve my clinical understanding of a case, I will not use any personal identifiers, so as to protect your anonymity.

It is important to understand that I do not participate in any kind of court/legal issues that you may be engaged in. If you are currently in, or become involved in, any legal proceedings and you request my participation (i.e. letter writing, testifying, preparation) that request will be denied.

CONTACTING ME

Please be aware that I do not have office staff. I have a voice messaging service with a confidential voice mailbox. For routine messages, scheduling, questions, or to let me know that you need to speak with me about some routine matter, you can leave a message on my voicemail. You may choose to text message me, but please be aware of the risk of this since it is not guaranteed to be confidential. Due to my work schedule (Monday- Thursday, 10am to 6pm) I am often not immediately available by telephone. I do not answer the phone when I am in session with a client. When I am unavailable, my phone is answered by voice mail. I check for messages frequently and I make every effort to return your call or message within a 24-hour period of your contact, with the exception of weekends and holidays or when I have indicated that I will be away from the office for extended periods of time. In case of emergencies, and when you feel that you cannot wait to hear back from me, please call 911 or go to your local emergency room. You may also contact me by email at kambra.meyer@gmail.com. Please be aware that email and text messaging may not be secure forms of communication. Therefore, only use them for limited purposes such as scheduling and general questions. Please do not include sensitive information in an email or text and never use them in an emergency. To do so will be at your own risk to confidentiality.

DUAL RELATIONSHIPS

The relationship you and I share is a professional one, and should not be confused with a friendship or one of a social nature. It is against any counselor's ethical code to participate in a client's life beyond the professional role before, during, or after the client receives services. In order to protect your privacy as well as my own, please understand that I cannot accept invitations to social gatherings or social media. Together, let's discuss a plan for how we will handle accidental run-ins around town. My general rule of thumb is to take your lead in public, and never make first contact in order to respect your privacy. Also, due to ethical guidelines and respect of our working relationship, please understand that I am unable to accept gifts of any kind.

LENGTH OF SESSIONS

Session length is based on what is appropriate and helpful to the client. My clinical hour is 50 minutes. Initial intake sessions are 80 minutes. If requested before the scheduled session, Art Therapy or other sessions can be extended to 80 minutes to allow for deeper emotional and creative expression. However, your payment would be modified to the corresponding rate. Due to the nature of working with people, it is understood that our schedules will sometimes be affected by circumstances beyond our control. I will need to politely reschedule your session if you are unable to start it by fifteen minutes after your scheduled appointment time. If missed or late sessions become an issue, we will need to discuss this pattern during our scheduled time. Please be aware that if you arrive late, I cannot go beyond your hour as it interferes with the next person's, so be sure to be on time. Please give at least 24 hours notice to cancel a session. I reserve and practice the right to charge for sessions that are missed and have been cancelled with fewer than 24 hours notice, as I often have a waiting list for the week, and

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could use that time to serve someone else with advanced notice. **Once an appointment hour is scheduled, you must provide 24 hours in advance notice of cancellation. The charge for a missed appointment without proper advanced notification is the full session fee. It is important to note that insurance companies do not provide reimbursement for cancelled or missed sessions, so this will be an out-of-pocket expense for the reimbursement rate of the insurance company, and not your standard co-pay.**

PROFESSIONAL FEES AND PAYMENTS

I accept certain insurances as well as private payments. Like any medical service, you are responsible for your payment for services rendered at the time of your appointment. I am able to offer sliding scale fees under certain circumstances, which we can discuss further if needed. I currently accept cash, checks, or credit cards for payment, while cash and checks are always preferred. **My fee is \$125 for a 50-minute session. The charge for the initial session 80-minute session is \$175. Couples and family sessions are \$150 for a 50-minute session and \$200 for an 80-minute session. In addition to weekly appointments, I charge this same amount for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other services may include telephone conversations lasting more than 10 minutes, consulting with other professionals on your behalf and with your permission, preparation of records and/or treatment summaries, and the time spent performing any other services you request of me. This is also in most cases not a reimbursable service by insurance companies, and will likely be an out-of-pocket expense.**

COMPLAINT PROCEDURES

Please feel free to come to me directly if you are offended or dissatisfied with any part of your counseling experience so we can address it together. Direct, honest communication is an essential component of our relationship.

If you need to discuss your concerns with someone else, you may call my peer clinical supervisor Peyton Kinnaird at (828) 775-5535. You may also contact the North Carolina licensing board for Licensed Professional Counselors at (844) 622-3572. The NCBLPC address is PO Box 77819 Greensboro, NC 27417 if it is beyond resolution.

Thank you for deciding to review this information with me. If you have any further questions, please address them with me at any time. I will keep a copy of this signed consent form in your private medical record and also provide you with a copy to take home for your own records. I look forward to joining you on your therapeutic journey.

YOUR SIGNATURE/S BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. IT ALSO MEANS THAT YOU HAVE READ AND UNDERSTAND THE ABOVE RISKS AND BENEFITS OF COUNSELING AND THAT YOU GIVE YOUR CONSENT TO PARTICIPATE IN TREATMENT INCLUDING ALLOWING ME TO PROVIDE REQUESTED INFORMATION TO YOUR INSURANCE CARRIER.

* Client Printed Name *

* Client Signature *

Date

Parent/ Guardian Printed Name
(if client is under 18 years of age)

Parent/ Guardian Signature

Date

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Parent(s)/legal guardian(s) agree to limit their access to my/our child's clinical information except in these situations:

Parent Signature

Date

I HAVE RECEIVED AND REVIEWED THE HIPAA PRIVACY POLICY. I have read and understand the information regarding the Notice of Privacy Practices effective _____, Client Rights and Informed Consent for Treatment.

* Client Printed Name *

* Client Signature *

Date

Parent/ Guardian Printed Name
(if client is under 18 years of age)

Parent/ Guardian Signature

Date

I understand that Kambra Meyer's policy for MISSED APPOINTMENTS and that I will be responsible for a full session charge missed fee if I do not provide 24 office hours notice of cancellation. In compliance with the late-cancellation and missed appointment policy, a valid credit card's information will be held safely on file. Please provide the following information for the card you would like debited in the case of a missed appointment, or one cancelled with less than 24-hours' notice:

Card Type: _____ Card Number: _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____ E-Mail or Text Receipt info: _____

* Client Printed Name *

* Client Signature *

Date

Parent/ Guardian Printed Name
(if client is under 18 years of age)

Parent/ Guardian Signature

Date

Therapist Signature

Kambra J. Meyer, MA, LPC, LCAS

Date

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