



Professional Disclosure Statement

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Welcome, thank you for entrusting your counseling needs to Transformative Vision. As your therapist, I consider it an honor and privilege to partner with you on your therapeutic journey. I provide an affirming, safe, open and trusting space aimed at fostering the personal growth of my clients through the therapeutic process and relationship. I am committed to providing you the best care possible. I provide therapy services to adolescents, adult individuals, couples and families. I assist clients in exploring their strengths and resources to achieve a desired change. This document serves to provide you information that will aid in your understanding of the therapeutic process. You are free to ask questions and to discuss any concerns regarding this form with me. I welcome and encourage your feedback.

Philosophy and Approach:

I believe in a client-centered, strengths-based approach to treatment. In our therapeutic relationship I operate through a collaborative lens and will work with you to discover new solutions to long standing or acute problems. Therapy is an ongoing process; there are no quick fixes. You can anticipate discussion surrounding sensitive topics which can sometimes leave you feeling uncomfortable. It is probable that you may experience varying degrees of distress and successes along the journey. You can expect at times to come face-to-face with various emotions. In the therapeutic relationship, I will encourage, support and at times challenge you on your pathway towards lasting healing, growth and change.

I understand that every client is unique in their needs, perspectives, desires and challenges. Likewise, I believe that people are resilient, resourceful and capable of the change they desire. I draw from therapeutic modalities that best fit each client. The modalities which primarily inform my work include: Collaborative Therapy, Cognitive Behavioral Therapy (CBT), Family Systems therapies, and Solution-focused Brief Therapy (SFBT). Through the course of treatment, I am likely to draw on ideas from one or more therapeutic methodologies. At times, I may suggest "homework" which are things you can do at home, between sessions, to build on our work together. I will respect your uniqueness and diversity. I will work with you to clarify your goals and together we will work to identify concrete strategies you can utilize to improve your relationships, overcome challenges and bring about lasting change. I encourage you to take an active role in our therapeutic relationship by asking questions, voicing concerns and sharing in open and honest dialogue about your thoughts and feelings after all, you are the expert on your life.

Formal Education and Training:

I hold a Bachelor of Science degree in Criminal Justice from Mercy College, a Master's degree in Business Administration from Pfeiffer University and a Master's in Marriage and Family Therapy from Northcentral University. I am a Licensed Marriage and Family Therapy Associate licensed in accordance with the North Carolina Marriage and Family Therapy Licensure Board. As a part of my training and growth I obtain on-going supervision and consultation from other experienced therapist in order to provide you the best possible care. I am supervised by Dr. Lisa Kelledy LMFT-S, AAMFT-S. This means I may at times share pieces of your story with a supervisor or supervisory group. I do not disclose names or specific details that would allow for the identification of my clients during this process.

Code of Ethics:

As a Licensed Marriage and Family Therapy Associate licensed by the North Carolina Marriage and Family Therapy Licensure Board, I abide by the Code of Ethics established and published by the American Association for Marriage and Family Therapy.

Emergencies:

I do not provide any emergency therapeutic services. In the case of an emergency, please contact 911 or contact your primary care physician. You may also contact Mecklenburg County Mobile Crisis at 704-566-3410 option 1 to speak with a licensed clinician. Further, you may also go to the local emergency room and request the psychiatrist on call. The numbers to two local hospitals with emergency behavioral healthcare are:

- (1) Atrium Health- Randolph 501 Billingsley Road Charlotte, NC 28211 – 704-444-2400
- (2) Presbyterian Hospital Behavioral Health – 200 Hawthorne Lane Charlotte, NC 28202 -- 1-800-786-1585

Client Rights and Responsibilities:

You have a right to confidentiality. All information you share with me including notes and records as well as assessment results is confidential and will not be released to any outside person or agency without your written authorization. The only exceptions are: the reporting of child abuse as required by law, reporting of client's potential danger to self or others, reporting of client's grave mental disability (i.e., inability to properly care for self due to severe disability) or when ordered by a court of law to release information.

As a client, you have the right to choose a therapist who best suits your needs and therapeutic goals. When working with me you have a right to raise questions about my therapeutic approach and to request a referral if you believe you might make better progress with another therapist. Also, if for some reason treatment is not going well, I may suggest you see another professional in addition to or instead of myself. You have the right to discuss your therapeutic progress and treatment goals. You have the right to refuse any psychological testing I recommend. You have the right to terminate or suspend therapy at any time without my permission or agreement. You have the right to file a complaint with the North Carolina Marriage and Family Therapy Licensure Board if you believe I have behaved in an unprofessional or unethical manner and decide that a resolution to the problem is not obtainable. To ensure quality of care, it is your responsibility to keep your

therapist fully up-to-date about any changes in your feelings, thoughts and behaviors and to cooperate with treatment to the best of your ability.

Referrals:

If during the therapeutic process, I determine that you are best served by therapeutic expertise which lies outside the scope of my areas of training and experience, I will provide you with a minimum of three appropriate referrals trained to meet your specific needs.

Confidentiality:

Information shared in session is held in strict confidence, however, there are at times limits to confidentiality either legally or ethically. The following instances are exceptions to your right to confidentiality:

- (1) If child or elder abuse or dependent- impaired adult neglect is suspected, the law requires the therapist to report it to the appropriate authorities.
- (2) If the therapist believes that the client is a danger to self or others, in order to prevent harm, other people will be contacted.
- (3) If a client is being evaluated or is in treatment by order of a court of law, the results of the evaluation and or treatment must be disclosed to the court.

In order to obtain additional training and aid in the growth of my clinical skills I may record counseling session by audio or video. These sessions may be discussed with and reviewed by a qualified supervisor or supervisory group. Confidentiality concerning such recordings is considered to be the same as the counseling sessions themselves. Following supervisory feedback, all recordings shall be properly destroyed.

Marriage/Couples and Family Therapy:

In the case of couple and family therapy, I reserve the right to discuss information with other members involved in the therapy that you have shared if I believe it helps facilitate the achievement of the goals set forth in therapy. In most cases, I will not reveal secrets for you but will help you to speak to your family/partner/spouse about it if it is necessary for therapy to progress.

Seeing each other in Public:

Please know if I see you outside of therapy (i.e., the movies, the grocery store) I will protect your confidentiality by not acknowledging that I know you. If I am with someone, I will also not introduce you, however, you are free to initiate communication if you choose to do so.

Multiple Relationships:

I am your therapist and can only be your therapist. It is against AAMFT Code of Ethics for a therapist to have a dual relationship with a client. It is unethical for a therapist to be a close friend or socialize with a client. It is also a violation of AAMFT Code of Ethics for a therapist to have a sexual or romantic relationship with any client before, during or after the course of therapy. Further, even though you are free to invite me, I will not

attend your family gatherings such as parties or weddings. I will not celebrate holidays or give you gifts and may refuse gifts from you.

Termination of Services:

I may terminate therapy with you in the following instances: 1) you fail to pay the negotiated fee; 2) you are not cooperating with my appropriate treatment recommendations; 3) there is a discovered conflict of interest (for example it is later discovered that you are close friends with one of my relatives); 4) I am moving or closing my practice.

Complaints:

Should you have any concerns about your experience, please discuss them with me. If you feel I have conducted myself in an unethical or unprofessional manner you may contact North Carolina Marriage and Family Therapy Licensure Board P.O. Box 5549 Cary, NC 27512. You may also call them directly at 919-469-8081 or email at ncmftlb@nc.rr.com.

Session Fees and Billing Practice:

Payment of services and all applicable copays is expected at the time of each session. A receipt will be provided. If I am paneled as an in-network provider with your insurance I will file for payment through your provider. For all insurances for which I am considered an out-of-network provider, it is your responsibility to file with your insurance. I am happy to provide a superbill that you can submit to your insurance for reimbursement.

If payment for services is not made at the time of service and it is not a matter of special arrangements agreed upon by you and me, such payment must be made within 10 working days of the session in question AND before a new appointment can be made. If payment is not made within this time period, I have the option of informing you in writing, that future services may be jeopardized and even terminated. In this instance, I will provide you with names of other practioners if requested.

Sessions last 60 minutes, unless extended appointment time is prearranged. At critical junctures, the therapist may prioritize allowing the client to work through an issue over interrupting and ending the session prematurely. If sessions are extended over 15 minutes additional fees may be charged in 15-minute intervals without prior verbal notification. I offer a limited number to reduced fee/sliding scale appointments.

Initial Session and Ongoing Sessions:

The connection between the therapist and the client is the foundation for exploration and change. When we first speak, you can tell me your concerns and we can schedule an initial intake session. During the initial intake session, we will go into detail about what brings you into therapy. You can also feel free to ask me questions that are important to you about me or my practice.

If you decide to proceed with seeing me for therapy, we will schedule our weekly therapy appointment day and time.

Payment:

Payment of services and all applicable copays is expected at the time of each session. Multiple forms of payment are accepted for your convenience. These include Visa, MasterCard, American Express, Discover, and Health Savings Account (HSA) and Flexible Spending Account (FSA).

Insurance:

I am currently paneled with Blue Cross Blue Shield (BCBS) and Aetna insurances. I am considered an Out-of-Network mental health provider for all other insurance providers. If I am paneled as an in-network provider with your insurance I will file for payment through your provider. It is my desire to focus on providing quality services to my clients that does not focus solely on insurance approvals.

To find out if your insurance will cover my services or to find out how much you can expect to be reimbursed, prior to our consultation or first appointment, please call your insurance company to discuss the specifics of your mental health coverage. Below are some questions you should ask your insurance company regarding an "Out of Network mental health provider:"

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the reimbursement amount (usually a percentage of cost) per therapy session?
- Is prior approval required from my primary care physician?
- Do I need a certain type of diagnosis in order for my sessions to be covered?

Cancellation Policy

It is the client's responsibility to cancel his/her appointment at least 24 hours in advance. Failure to do so within in the allotted time may result you being charged a full missed session fee.

If you fail to attend two consecutively scheduled sessions without notifying me, I will assume that you wish to terminate services and will notify you in writing that services have been terminated. Two consecutively cancelled sessions without prior notice may result in a loss of an established appointment time.

Telephone Calls:

I am happy to speak to you by telephone if a prearranged time is scheduled to do so. It is often easier to reach me via email at Jacqueline.brewington@transformativevision.net. However, should you desire to speak with me via telephone any phone call lasting over 15-minutes will be billed at my normal hourly rate and payment is expected at the next scheduled session or with seven business days of the telephone consultation, whichever comes first.

Social Media Policy:

I do not accept “friend” requests or similar connections with clients, their family members, or friends on social media. This is to protect your confidentiality and privacy. If you would like to “like” my professional Facebook page or “follow” me on twitter, Instagram or other social media platforms, you may do so at your own risk. Please note that this is not a way to contact me especially in an emergency.

If you would like me to review your or (your child’s) social media interactions as a part of our therapeutic work, please print what you would like to review and bring it with you to session. Even if your or your child’s social media accounts are public, I will not examine them without your specific consent and direction.

Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a “people you may know” or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way.

If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media apps ability to know your location and refusing it access to your email account and the contacts and history on your phone, protect your privacy and confidentiality.

By signing below, you agree to the following:

I have read the disclosure statement provided by my therapist. I have had the opportunity to ask questions or clarify the conditions under which I consent to treatment. I agree to pay for therapy as outlined in this disclosure statement. My signature below indicates that I understand and agree to the terms and conditions of therapy provided in this disclosure statement.

Client Signature or Parent/Guardian Signature	Printed Name	Date
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Client Signature	Printed Name	Date
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Client Signature	Printed Name	Date
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Therapist Signature	Printed Name	Date
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