

JACKELINE N. VÁZQUEZ, LCMHC, NCC, LCASA
PROFESSIONAL DISCLOSURE STATEMENT & INFORMED CONSENT

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My Qualifications

I have counseled as a lay counselor for more than ten years at Iglesia Nueva Vida in Winston Salem, NC and headed their lay counseling department. During that time we trained under American Association of Christian Counselors. I earned a Master's degree in Professional counseling on May 12th, 2017 from Liberty University in Lynchburg, VA. Prior to this I earned an undergraduate degree in psychology from Winston Salem State University. I hold a licensure as a Licensed Clinical Mental Health Counselor through the North Carolina Board of Licensed Clinical Mental Health Counselors (#13609). I am also a Nationally Certified Counselor, (NCC), through the National Board of Certified Counselors, NBCC.

Restricted Licensing

Currently I am pursuing licensure as a Licensed Clinical Addiction Specialist (License No. LCASA-26095) with the North Carolina Addictions Specialist Professional Practice Board. I am operating under the supervision of Antoine Charles, LCMHC, LCAS, CCSI, to acquire 4000 hours that are required for unrestricted licensure in the State of North Carolina. My supervisor can be reached at (336) 945-0137. His address is 6614 Shallowford Road, Suite 250 Lewisville, NC 27023 and his email address is antoine@lewisvillefamilycounseling.com

Counseling Background

In my years of professional counseling I have counseled children ages 9 and older, teens, adults and couples. My theoretical orientation is mainly cognitive behavioral. Cognitive Behavioral Therapy (CBT) makes a distinction between thoughts, emotions and behaviors. CBT allows you to see that you can have control over your thoughts and actions when trying to cope and it offers power by establishing stability. CBT explores how irrational thoughts can lead to troublesome feelings and behaviors. I have experience working with couples, and individuals who are suffering through anxiety, depression and panic symptoms. I also have experience working with survivors of sexual assault. I have worked extensively with Hispanic clients concerning acculturation, multi-generational, and cultural adaptation issues. Other areas of experience include trauma, and addiction counseling.

The Process of Assessment and Counseling

Participation in counseling can result in a number of benefits, including improving interpersonal relationships and resolution of the specific concerns that led you to seek help. As a collaborative process, counseling requires your efforts, honesty, and openness in order to achieve desired changes. During assessment or counseling, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing discomfort, anger, sadness, worry, fear, and so forth. During counseling your assumptions or perceptions may be challenged. Different ways of looking at, thinking about, or handling situations may be proposed that can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to counseling in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Therapy may also result in decisions about making different kinds of changes. Change will sometimes be easy and swift; other times it will be slow and even frustrating. There is no guarantee that therapy will yield the intended results. You are entitled by law to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. During the course of therapy, I am likely to draw on various therapeutic approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. Within a reasonable period of time after the initiation of treatment, I will be able to offer you some initial impressions of what our work will include. You should also make your own assessment about whether you feel comfortable working with me. If you have any questions about the process of therapy, please let me know. I will always seek to answer your questions fully.

Litigation Limitation

Please note that I do not offer services related to court hearings or custody evaluations. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a sensitive and confidential nature, it is agreed that should you be involved in legal proceedings, neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or any other proceeding, nor will a disclosure of the therapy record be requested. Court proceedings, by their nature, usually involve a breach of trust in the therapeutic relationship, which may not be repairable. In the event that you choose to break this agreement, I will, at my discretion, choose to terminate the counseling relationship due to this damage to the therapeutic relationship.

Fees and Length of Service

The designated fee for my services is \$70.00 per 55 minute session. Because I do not accept payment from insurance companies, I offer a sliding scale based on annual income. The sliding scale is attached to this form. As proof of income please bring your previous year's taxes and/or the most recent pay stub from everyone in the household.

After discussing the sliding scale with my counselor, my fee per counseling session will be: \$_____.

Methods of payment accepted are cash, check, and credit card. I do not accept insurance at this time, however if you would like to attempt to submit paperwork on your own to your insurance company to be reimbursed, I will gladly sign and include your diagnosis if one applies. I can provide you with a superbill to submit to your insurance company for possible out-of-network reimbursement. I accept cash, checks, and credit cards. A \$30 fee is charged for all returned checks. Due to rising costs and inflation, my fee schedule is periodically reviewed, during which a fee increase may take place. Please note that I do not offer services related to court hearings or custody evaluations. In the event that I am subpoenaed or must appear in court, the fee is \$70 per hour that I would be out of the office (including travel time).

Fees for medical records are as follows: seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26 through 100, and twenty-five cents (25¢) for each page in excess of 100 pages. A minimum fee of up to ten dollars (\$10.00), inclusive of copying costs can be imposed.

A fee equivalent to my hourly rate may be charged for any requests such as researching and writing a summary of a medical record or completing any requested forms or letters.

This sliding scale fee schedule is for total household income. Select the session fee amount that is paired with your annual household income.

Select	Annual Income	Session Fee
<input type="checkbox"/>	Below \$20,000	\$30.00
<input type="checkbox"/>	\$20,001 - \$30,000	\$40.00
<input type="checkbox"/>	\$30,001 - \$40,000	\$50.00
<input type="checkbox"/>	\$40,001 - \$50,000	\$60.00
<input type="checkbox"/>	\$50,001 - \$60,000	\$70.00
<input type="checkbox"/>	\$60,001 - \$70,000	\$80.00
<input type="checkbox"/>	\$70,001 +	\$90.00

Payments and Non-Payment Policy

Payment is due at the time of service. If payment has not been made after two sessions, further sessions must be cancelled until payment has been made in full.

Cancellation and Late Arrival Policy

Your appointments involve the reservation of time specifically for you, and this is the basis of my livelihood. If you must cancel an appointment, please do so within 24 hours notice. If an appointment is cancelled late, that is with less than 24 hours notice, a late cancellation fee of \$30 will be charged. If you miss an appointment without calling to cancel, your future appointments may be canceled. In the event that you will be late, please contact me as soon as possible. Upon your arrival, we will meet for the remaining amount of time, end as scheduled, and the full session fee will be charged. If you need to cancel or reschedule an appointment, please e-mail me at jackie@jackelinevazquez.hush.com

Security and Privacy with Electronic Communication

E-mail and texting can often be convenient methods of communication. When you become a client, you will have an option to receive appointment reminders via text or e-mail. Please be aware that e-mail and text are not secure methods of communication and keep this in mind if you choose to provide us with an e-mail address and phone number and choose to communicate by these means. E-mail should be used for only brief, general questions or for scheduling purposes. E-mail is not to be used for emergencies, therapeutic issues, or sensitive personal information.

By providing an e-mail address and cell phone number (on this form and/or in the electronic medical record), you are agreeing to receive e-mail and text communication from us.

- I do
- I do not give permission for my therapist and/or counseling staff to e-mail me at the following address(es):

- I do
- I do not give permission for my therapist and/or counseling staff to text/leave a voicemail me at the following phone number(s):

Professional Relationships/Social Media

The counseling relationship is different from any other kind of relationship. Because a counselor is not a friend, family member, or other personal relationship, it can be a safer relationship in which to discuss very personal matters that may be difficult to share with others who are close to you. Therefore, it is important to protect the boundaries of the professional counseling relationship. In order to protect your boundaries and the confidentiality of the professional relationship, I do not connect with clients on social media.

Diagnosis

The counseling relationship begins with an assessment, in which information is gathered about your symptoms, strengths, problems, and relevant history. Part of that process can include determining an accurate mental health and/or substance use diagnosis, which would become a permanent part of your medical record. The diagnosis is not a label, but is helpful in determining the most appropriate course of treatment for your particular needs. At your initial session, I will complete an assessment in order to help determine the most appropriate course of treatment.

Code of Ethics

Ethical conduct is vital in the field of counseling. As a counselor, I follow the Code of Ethics for the American Counseling Association (ACA). This Code of Ethics can be accessed from the website <http://www.ncblpc.org/law-and-codes>

Complaints

If you are not satisfied with any part of the services you receive from me or if you have a complaint, I encourage you to discuss this with me. If we are unable to resolve a complaint or if you wish to contact the LCMHC Board directly, you can contact them at:

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
(336) 217-6007 or (844) 622-3572

Termination of Counseling/Discharge

The most common reason for ending counseling is that a client's concerns have been addressed to their satisfaction. Although you are free to end counseling or seek a second opinion from another counselor at any time, most clients find it helpful to have one or two "ending/termination sessions" to bring closure to counseling and discuss what has taken place during our time together. These ending sessions can be helpful in preventing future problems. Another scenario in which counseling ends is when a client's challenges lie beyond the limits of my expertise or ability to help. I do not work with clients whose challenges, in my opinion, are beyond my ability. If this becomes apparent to me at any point, I would discuss this with you and collaboratively discuss other options such as other appropriate referrals. Please advise me if you no longer wish to continue with treatment. After a period of sixty (60) days with no contact from you, I will terminate the therapy contract and discharge you from services at that time. You may call the office at any time to resume services, at which time a new intake packet can be completed.

Emergencies

Neither the Counseling Center nor I provide on-call emergency services. If you or your family member are at risk of harm to yourself or another person, please go to the nearest emergency room or call 911 and ask for a CIT (Crisis Intervention Team) officer. If you are having a mental health emergency, you can utilize one of these three options:

Cardinal 24 Hour Crisis Line: 1-800-939-5911

Novant Behavioral Health: 1-800-718-3550

Daymark Mobile Crisis Team: 1-888-581-9988

Confidentiality

The information discussed in your sessions is considered confidential, which means that I will not share that information with others unless you provide your written permission for me to do so. There are, however, limits to confidentiality in which I may be obligated to break confidentiality. These situations include:

- If there is a reasonable suspicion of the abuse or neglect of a child, dependent, or vulnerable adult. A report will be made to the appropriate protective agencies.
- If you are actively suicidal or are a danger to yourself. I have a duty to obtain help from others in order to do what is necessary to keep you safe.
- If you present/threaten grave bodily harm to others. I have a legal duty to warn those threatened, and to contact law enforcement.
- If I receive a court order to release information.
- If your case involves the Department of Social Services (usually Child Protective Services or Adult Protective Services) I might be required to share information with the Social Worker.
- If you are on probation or parole, it may be legally required that I share information with various individuals appointed by the courts.

Consultation

I consult regularly with other professionals regarding my clients. In some circumstances, the professionals with whom I discuss my case have access to limited confidential information. These professionals are bound by the same confidentiality measures listed above.

Couples and Family Therapy

In couples and family counseling, confidentiality does not apply between the couple or among family members. I will use clinical judgement when revealing such information. I will encourage the person(s) to reveal the information to the other member(s). I will provide support for that person in finding ways to disclose the information. If you reveal a “secret” to me that you refuse to disclose to the other(s) and that puts me in a position of hurting my honest relationship with others in the couple or family, therapy will be terminated.

Custodial Parents of a Minor Child

All custodial parents have a right to information shared in the session of a child under the age of 18 who is not emancipated. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist. Considering the above exclusions, upon your request I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful.

Acceptance of Terms

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

Client: _____ Date: ____/____/____

Counselor: _____ Date: ____/____/____

CLIENT REGISTRATION

3153 REYNOLDA RD. WINSTON-SALEM, NC 27106

Today's Date: ____/____/____

Client Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Sex: M F

*Email: _____

Age: _____ Date of Birth: ____/____/____ Ethnicity: _____

Military background? Yes No (If yes when _____)

Marital Status: Married (How long? _____) Divorced (How long? _____)

Separated (How long? _____) Widowed (How long? _____)

Single Living Together? (How long _____)

* Please note: Email correspondence is not considered to be a confidential medium of communication so the use is limited to appointments and general information or questions.

Family Status

Spouse/Partner: _____ Parent/Guardian Name(s): _____

Place of Work/School: _____ Who is coming for counseling? _____

Previous counseling? Yes No (If yes, why _____)

Are you or another family member currently seeing a psychiatrist or another counselor? Yes No

If so, what family member? _____ If Yes, why? _____

List name, birth date or age, sex, relationship of all children, and whether they live at home with you.

Name	Age	Sex	Relationship (Step, Foster, Yours, Adopted)	At Home?
_____	_____	M F	_____	Yes No
_____	_____	M F	_____	Yes No
_____	_____	M F	_____	Yes No

Emergency Contact Name: _____ Relationship: _____

Daytime Phone: () _____ - _____ Evening Phone: () _____ - _____

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

List Family Member(s)

Alcohol/Substance Abuse	Yes No	_____
Anxiety	Yes No	_____
Depression	Yes No	_____
Domestic Violence	Yes No	_____
Eating Disorders	Yes No	_____
Gambling/Pornography/Sex addiction	Yes No	_____
Obesity	Yes No	_____
Obsessive Compulsive Behavior	Yes No	_____
Schizophrenia	Yes No	_____
Suicide Attempts	Yes No	_____
Was Abused/Neglected (physical, sexual, emotional)	Yes No	_____

General Health & Mental Health

Have you ever had any thoughts or feelings of harming yourself? Yes No

If yes, when & explain why _____

Have you ever had thoughts or feelings of harming someone else? Yes No

If yes, when & explain why _____

Do you have any present and/or past problems with: Pornography Sexual Addiction
 Gambling Spending None (*If so, when* _____)

Have you had any significant life stressors or losses in the last year? (*Death of a loved one, job, home, etc.*) _____

Primary Care Physician: _____ Last exam: _____

Are you currently taking any prescribed medication? Yes No

Please list: _____

Have you received any type of mental health services in the past (*counseling, psychiatric, hospitalization*)? _____

Any past surgeries or medical hospitalizations? *Why & when* _____

Any problems with: Eating Sleeping Weight changes
 Headaches Chronic pain Loss of consciousness

(*Describe any answers checked above* _____)

Have you ever been sexually, physically, emotionally or mentally abused? Yes No

If yes, by who? _____

Have you ever experienced an abortion (pregnancy termination)? Yes No

If yes, when? _____ Other medical problems: _____

Other Information

Do you consider yourself to be spiritual or religious? Yes No

Any specific denomination? _____ What values are important to you? _____

What has brought you to counseling now? _____

What would you like to see change in your life? _____

What do you consider to be some of your strengths? _____

What do you consider to be some of your weaknesses? _____

How did you hear about us? _____

Consent for Treatment

I hereby give my consent to my counselor to provide an evaluation and treatment that we may mutually determine to be appropriate. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. I understand I will likely gain the most benefit from counseling if I am committed to the process and attend regularly. I understand that no promises have been made to me as to the results of therapy provided by this professional. If at any time during treatment I cannot wait for a return call from my counselor, I agree to contact my psychiatrist, family physician, call Forsyth Medical Center Crisis Response Team @ 1-800-718-3550 or 911.

Print Name

Client/Guardian Signature

_____/_____/_____

Date