

SANTOS COUNSELING P.L.L.C



3300 Battleground Avenue Ste 303 | Greensboro, NC | 27410 | 336.707.1723

3410 Healy Drive Ste 203 | Winston-Salem, NC | 27103 | 336.707.1723

www.santoscounseling.com | juansantos@santoscounseling.com | @santoscounseling

Professional Disclosure Statement

Juan Santos, MS., CRC, LPC

Cell: (336) 707-1723

Fax: (336) 907-3461

THERAPY AGREEMENT

This document is part of the standards of practice of the North Carolina

Board of Licensed Professional Counselors. Please read this statement:

This document contains important information about my professional services and business policies. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

QUALIFICATIONS & LICENSURE

I have a Master's of Science in Rehabilitation Counseling from Winston Salem State University. The degree was awarded May 2014. I am a Certification Rehabilitation Counselor (CRC, #00118930) and a Licensed Professional Counselor (LPC in NC # 11154). I have been working in the counseling field for going on five years with the following populations, developmental disabilities, intellectual disabilities, mental health, and behavioral health.

COUNSELING BACKGROUND

I have been in the counseling realm since childhood due to having a sister with Autism and a brother who received mental health counseling. Counseling has always defined my personal and character as a person and a professional in the field. Within the counseling field there are numerous approaches to working with diverse clientele. I am trained to work with youth, adults, couples, and families from diverse cultural backgrounds. As a professional in this field I continue to immerge myself within various settings in order to gain competence and awareness on persons from different backgrounds. I have been working in the counseling field for going on five years with the following populations, development disabilities, intellectual disabilities, mental health, and behavioral health.

I have conducted individual, group and family counseling sessions with students, adults, couples, and families experiencing issues related to depression, anxiety, grief, relationship troubles, and alcohol or substance abuse. In addition, I counsel individuals that suffered with relationship issues, financial struggles, depression, domestic abuse, etc. I continue to remain open and eager to work with all populations.

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My primary theoretical orientation is Cognitive-Behavior Therapy, but I find myself using an eclectic approach due to its diverse and broad approach in counseling. I am trained in Cognitive-Behavior Therapy, Motivational Interviewing, and Person Centered Thinking. In the sessions, I ask that you involve yourself as much as possible in order to gain as much as possible from sessions.

COUNSELING SERVICES

Counseling is a process by which we work together to identify and work on any issues you bring to our sessions. I provide mental health services for children, adolescents, adults, couples, and families, with a specialty in diverse populations. I am fluent in Spanish, and provide culturally sensitive individual psychotherapy, marital counseling, and topic-focused interventions (e.g., ADHD management, divorce, depression, anxiety, parenting issues, and disability management). I use a variety of techniques to meet the individual needs of each client. However, you should be aware that while counseling interventions offer potential benefits, they also present possible risks. Such risks might include uncomfortable feelings of sadness, guilt, anxiety, anger or frustrations as you discuss unpleasant aspects of your life, or experience difficulties with other people as you change.

SESSION FEES/LENGTH OF SERVICES/PAYMENT OPTIONS

My fees are as follows unless billing at Health Insurance Carrier's contracted rate:

- Initial Intake/Assessment Session (60 minutes) \$140.00
- Regular Sessions (55-60 minutes) \$110.00; Extended Sessions (75 minutes) \$120.00
- Couples Therapy (55-60 minutes) \$110.00; Extended Sessions (75 minutes) \$120.00
- Family Therapy (55-60 minutes) \$110.00; Extended Sessions (75 minutes) \$120.00
- Full Time Students \$100.00

I agree to provide counseling services in return for the aforementioned fees per session. Payment must be made prior to any services. You will be charged \$50.00 for missed appointments unless you cancel 24 hours prior to your scheduled appointment. Cash or major credit/debit cards are acceptable methods of payment, and I will provide a receipt for all fees paid. A fee of \$35.00 will be charged for returned checks.

As a courtesy to you, we will attempt to obtain authorization from your insurance company, HMO, or responsible party. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. We ask that every client authorize payment of insurance benefits directly to Juan Santos. Accepted insurance benefits will be verified in advance of initiating services.

USE OF DIAGNOSIS

Any diagnosis made will become part of your permanent insurance record. In addition, when it comes to diagnosis in respect to insurance companies we need to abide by regulations in order to support both the client and the insurance company. The majority of insurance companies require that a diagnosis of

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a mental health condition and indicate that one must have an “illness” before they agree to reimburse. Please be aware that some counseling seeking conditions do not qualify for reimbursement. I will inform you of the diagnosis before we submit the diagnosis to the health insurance company.

CONTACTING ME

I am available by phone but do not answer the phone when I am in sessions with clients. Calls go to my voicemail when I am unavailable, which I check regularly, and on weekdays. I will return your call as soon as possible (usually within a few hours or always within 24 hours). If you are difficult to reach, please leave times you will be available. If you want me to use discretion when calling you or leaving a message for you, please let me know in advance. At times when I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary. If you are in an emergency situation call your local emergency services at 911 or go to your nearest hospital emergency department.

EXPLANATION OF DUAL RELATIONSHIPS

Contact will be limited to only counseling sessions and will be held within the counseling office only. For your best interests and to protect your personal rights, our counselor-client relationship must remain professional at all times; this means that even though our relationship may seem very intimate, you must remember that I am only sharing with you as a professional and focusing on the goals you have indicated you desire to reach. This is the primary purpose of our relationship. During initial sessions I will provide you with educational resources catered towards education on boundaries and our distinct rules.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to examine and/or receive a copy of your records. Please make request in writing to Juan Santos, 3300 Battleground Avenue, Suite 303, Greensboro, NC 27410 or email at juansantos@santoscounseling.com

CONFIDENTIALITY

All information shared will be kept *confidential* with the following *exceptions*;

- a) If I believe you are a *danger* to yourself or someone else
- b) If you give me *written permission* to disclose information
- c) In the case of *abuse* to a child or an elderly person confidentiality will be waived
- d) If the information is court ordered
- e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement
- f) In case of a *Medical Emergency*
- g) These rights are waived if accusations of misconduct are brought

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Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken. In the event the client is a minor, parents or legal guardians may be included in the counseling process as is appropriate, however measures will be taken to safeguard confidentiality, always acting in the best interest of the client. Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

REGISTERING COMPLAINTS

If you are dissatisfied with any aspect of the counseling process, please inform me so we can determine if our work together can be more efficient and effective, or whether referral would be appropriate. If you think I have treated you unfairly or unethically, and we cannot resolve the problem, contact the North Carolina Board of Licensed Professional Counselors. Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@ncblpc.org

CONCLUSION

I reserve the right to change the policies, practices and procedures described in this document. I will notify you in writing of any significant changes. By signing the attached form you are indicating that you have received and read the information in this document, you have discussed the contents with me to your satisfaction, and you agree to abide by its terms during the course of our professional relationship. You have the right to consent to treatment and or refuse treatment.

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Permission to Treat:

I hereby acknowledge I have received and been given the opportunity to read a copy of Juan Santos's Therapy Agreement.

I have been given the opportunity to ask any questions and to retain a copy for my regarding missed appointments and aware of the methods I may contact Mr. Juan Santos in an emergency.

<p>Client Name, please print: _____</p> <p>Client Signature: _____ Date: _____</p> <p>Guardian Name, print _____</p> <p>Guardian Signature: _____ Date: _____</p>

<p>_____ Date: _____</p> <p>Juan Santos, M.S., CRC, LPC</p>
