

Jenna Lavoie, MA, LPCA  
**Professional Disclosure Statement**

Hello and welcome to counseling! The following information will help you to understand the counseling process and serve as an agreement between us. I will be happy to clarify information or respond to any concerns throughout the counseling process.

### **Counseling Background**

I graduated from Southeastern Baptist Theological Seminary in December 2010 with a Master of Arts in Biblical Counseling. During my master's program, I completed an internship at a pregnancy resource center, where I provided crisis counseling and facilitated a program focused on parenting skills. I have been a Licensed Professional Counselor Associate (#A9200) since December 2011 and have provided counseling services for about 4 years. I have experience working in community-based agencies as well as office settings, providing mental health services for children, adolescents, and adults. I am currently pursuing certification as a Registered Play Therapist (RPT), which includes a minimum of 500 hours of play therapy specific experience, 150 hours of play therapy training, and 50 hours of play therapy supervision from a play therapy supervisor.

I provide counseling for children, adolescents, and adults. My areas of experience include attention problems, adjustment issues, anxiety, behavioral problems, depression, parenting, pregnancy, self-confidence, social skills, as well as spiritual concerns. While my counseling orientation is based upon a Christian worldview, I also utilize creative techniques such as art and play therapy, especially when working with children and adolescents. When treating adults, I often utilize cognitive-behavioral and faith-centered techniques dependent upon client need.

### **Restricted Licensure**

As a licensed professional counselor associate, I am currently under supervision with Wendy Skenderi, who can be reached at [wendys@carmelbaptist.org](mailto:wendys@carmelbaptist.org). I may find it helpful at times to consult with my supervisor about your case. However, specific identifying information will not be given. I may also be required to record our sessions to submit to my supervisor. By signing this document, I am giving permission for Jenna Lavoie, MA, LPCA, to record my sessions and I understand that these videos are confidential and used only for training and supervision.

### **Nature of Counseling**

I know that life is not always easy and does not always work out the way that we intend. I am passionate about walking alongside you as you encounter life's challenges and am committed to helping you find a new sense of peace and hope. I believe that the relationship between us is foundational to the counseling process. I will seek to build the level of trust between us by providing a relaxed, compassionate, and non-judgemental environment.

Our counseling goals are client-centered and based upon individual need. As counseling requires a joint effort, I also require your commitment and hard work. Growth occurs when you are able to put into practice what you have learned and I may assign homework so that you are able to work on what we have discussed outside of our counseling sessions.

The length of the counseling process varies depending upon the issues involved. Some clients need only a few sessions to achieve their goals, while others may require months or even years of therapy. Many chose to begin with weekly sessions before moving to bi-weekly and then monthly. You may choose to end the counseling relationship at any time but I ask that you participate in a termination session.

### **Fees and Billing Practice**

Sessions fees are outlined below:

\$125.00	Initial session (60-75 minutes)
\$100.00	Individual Therapy (45-50 minutes)
\$115.00	Family Therapy (50-60 minutes)
\$100.00	Consultation or Report writing (per hour)

\$100.00	Case Management (per hour)
\$100.00	Phone Calls per hour (any call over 10 min.)
\$ 30.00	Emails requiring 15 min. or more (billed in 15 min increments)
\$ 3.00	Credit Card processing fee

Payment of services is expected at the time of each session and a receipt will be provided upon request. If we have made arrangements to file insurance directly you are responsible for any co-pays due and ultimately responsible for payment in full if your insurance company does not pay within 90 days for any reason. It is your responsibility to file with your insurance unless other arrangements have been made with me. If payment for services is not made at that time and it is not a matter of special arrangement 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 might be jeopardized and even discontinued. In this instance, I will provide you with names of other practitioners if requested.

**If you fail to cancel scheduled therapy appointments at least 24 hours in advance, an automatic charge of \$70 will be made for the missed appointment.** Please understand, that insurance companies do not reimburse for charges resulting from missed appointments. If you fail to attend two consecutively scheduled sessions without notifying me, I will assume that you wish to terminate services and I will notify you in writing, that services have been terminated. Two consecutively cancelled sessions without prior notice may result in loss of an established appointment time. You may terminate services at any time by notifying me.

If a check is returned due to insufficient funds, there will be a \$50.00 charge to cover bank fees. Payment of the session fee and \$50 charge must then be made at or before your next scheduled appointment.

I do not offer a sliding scale. However, when requested, session discounts will be discussed on a case-by-case basis before beginning treatment. Discounts can be withdrawn at any time. If this occurs, you have the right to continue treatment at the current contractual rate or make the decision to end therapy.

Discounted provisions: \_\_\_\_\_

### Phone Calls

I am happy to speak with you by phone if a pre-arranged time is scheduled to do so. It is often easier to reach me and communicate with my by e-mail (jenna.pathwaystogrowth@gmail.com). However, should you prefer to speak with me by phone for any reason any phone calls lasting over 10 minutes will be billed at my normal hourly rate. This fee is not covered by insurance and will be due at your subsequent therapy session or billed and due within 14 days.

### Use of Diagnosis

I accept BlueCrossBlueShield insurance and will submit the claims on your behalf. However, health insurance requires a diagnosis of a mental health condition as part of filing a claim. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before it is submitted to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### Referrals and Complaints

If at any time for any reason you are dissatisfied with my services, please let me know. If a referral is needed, I will provide you with possible referral sources. If you have any concerns, please discuss them with me first. However, 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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors  
 PO Box 77819  
 Greensboro, NC 27417  
 Phone: 844.622.3572 or 336.217.6007

**Confidentiality**

Your counseling sessions remain confidential unless I obtain a signed release from you to discuss your case with another professional. Case records are confidential and will not be released without written permission from you.

I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. Should these circumstances arise, I will only reveal essential information and will attempt to notify you first.

By signing below I acknowledge that I have had the opportunity to ask any questions I may have on limits of confidentiality. I have also discussed the goals of therapy with Jenna and understand that therapy is a joint effort between the counselor and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as my interactions with family and friends.

By signing below, I am indicating that I have read and understand the information contained in this statement, that I have been given a copy of this form for my records, and that any questions I have about this statement have been answered.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client /Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (2<sup>nd</sup> Parent)

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_