

Coastal Family Services, PLLC
PO Box 27620
Fayetteville, NC 28314

CLIENT INFORMATION, AGREEMENT and CONSENT FOR TREATMENT

Thank you for choosing Coastal Family Services, PLLC to pursue counseling services. I look forward to building a therapeutic relationship with you. This document includes information regarding my professional counseling background, and information to assist you in understanding the nature of our professional relationship.

Professional Credentials

I am **Eric A. Williams, Ph.D, LMFT, LPC, NCC** a clinician with a doctorate in Counselor Education and Supervision from Regent University (conferred 2017) and M.S. in Marriage and Family Therapy (conferred 2001) from Valdosta State University. I hold licenses as a Licensed Marriage and Family Therapist (**LMFT, NC 1295, Nov/2009**) and Licensed Professional Counselor (**LPCS, NC 6948, Mar/2008**) in the state of North Carolina. My formal education and previous experience have enabled me to counsel “at-risk” youths and adolescents, military population, adults, couples and families. My theoretical orientation includes a client-centered approach with techniques derived from solution-focused and rational-emotive behavioral therapy.

Professional Fees: My fees vary based on your choice of payment plan. Cash or credit/debit card is acceptable for payment. Unfortunately, I no longer accept third-party insurance; however, I will provide you with as “super bill” to file with your insurance provider for fee reimbursement. No checks will be accepted. In addition to weekly appointments, I charge the amount for other professional services you may need, though we will break down the cost/session if we work for periods of less than 60 minutes. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of that therapists’ professional time, including preparation and transportation costs, even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$100/hour for preparation and attendance at any legal proceeding.] Additionally, any duplication and/or release of medical record file will carry a \$25 charge. **No call/No show fees will be assessed a \$100 charge billed to you or your debit/credit card to be paid before the next session will be scheduled. Clients that reschedule with less than 24 hours of appointment will have a \$100 fee assessed to you or your debit/credit card.**

Counseling Relationship/Services: During the time spent in scheduled sessions, we will meet weekly for approximately 45 - 60 minutes. A diagnosis, admission criteria, and other supporting documentation will be used to help develop individualized methodologies/strategies to help specialize your treatment; and will be placed in your medical records. Although our sessions may be psychologically intense, it should be perceived as a professional, therapeutic relationship rather than a social one. Our contact will be limited to counseling sessions at Coastal Family Services, PLLC. You will be best served if your sessions concentrate exclusively on your concerns.

Use of Diagnosis: As is true in all medical billing, your insurance company requires we indicate a code number to represent your diagnosis; they will not reimburse without that code number. On occasion, insurance companies may also audit charts, though their sole concern would be to examine for deficits in the method of documentation or billing. Insurance companies usually require treatment plans, when you need authorization for additional services. Since reimbursement for treatment is based on medical necessity, involving symptom-based criteria, your symptoms may be noted in this kind of report.

Please be aware that diagnoses will become part of your medical record, and although this information will be safeguarded to the extent possible, this information may have to be released if the record is subpoenaed into court.

Effects of Counseling: At any time you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing therapy. While benefits are expected from therapy, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life's perspectives and decisions. These changes may affect significant relationships, your school, job, and/or understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Records and Confidentiality: All of our communications become part of the clinical record. Most of our communication is confidential, but following limitations and exceptions do exist: 1) we are using your case records for the purpose of supervision, professional development, and research. In such cases, to preserve confidentiality, we will identify you by your first name only; 2) we determine that you are a danger to yourself or someone else; 3) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; 4) you disclose sexual contact with another mental health professional; 5) we are ordered by the court to disclose information; 6) you direct us to release your records; 7) we are otherwise required by law to disclose information.

Registering Complaints: I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards in accordance with ACA Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>). If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may file a complaint against me with North Carolina Board of Licensed Professional Counselor or North Carolina Marriage and Family Therapy Licensure Board. You may do so by placing that complaint via any means listed below:

North Carolina Board of
Licensed Professional Counselors
PO Box 77819
Greensboro, NC 27417
Phone: 336-217-6007
Fax: 919.779.5642
E-mail: LPCinfo@ncblpc.org

North Carolina Marriage and Family
Therapy Licensure Board
PO Box 5549
Cary, NC 27512-5549
Phone: 919-469-8081
Fax: 919-336-5156
Email: ncmftlb@nc.rr.com

By your signature, you are indicating that you have read and understand this statement, and any questions had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement, upon your request. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client/Guardian _____ **Date** _____

Therapist _____ **Date** _____