# Professional Disclosure Statement Toria Davenport Jenks, NCC, LMCHCA Clinical Mental Health Counselor: Jodi Province Counseling Services Office: 336-818-0733

The following information is designed to inform you about my background and to ensure that you understand the nature of our professional therapeutic relationship and your rights as a client.

Please read it carefully and feel free to ask any questions you may have.

#### **My Qualifications**

I am a clinical mental health counselor at Jodi Province Counseling Services, PLLC. I have completed my master's degree in Clinical Mental Health Counseling at Appalachian State University (ASU). I completed my clinical internship at Daymark Recovery Services in Ashe County. I am certified as an LCMHCA (Licensed Clinical Mental Health Counselor Associate) by the North Carolina Board of Licensed Clinical Mental Health Counselors and an NCC (National Certified Counselor) by the National Board of Certified Counselors.

#### **Supervised Practice**

My counseling services are under the supervision of Jodi Province (LCMHCS, license number 5534S) who may see or hear recordings of our sessions to ensure that I am providing quality care and to give me feedback. Recording of our sessions will only take place with your express consent given in our initial session. If you would prefer not to be recorded, you do not have to provide consent to be recorded.

# **Counseling Background and Process**

I provide individual and group counseling for all age groups (adults, adolescents, children, and older adults). I have been trained to work primarily with the following presenting issues: career development, developmental concerns (e.g., Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder), personality disorders, trauma disorders, and other mental health concerns (e.g., depression, anxiety). My therapeutic approach incorporates several major theories of counseling, including Cognitive-Behavioral and Person Centered. I tailor my particular focus to the needs of the client(s). I believe that every individual possesses the strength and potential to work through life problems and that most issues are developmentally based. I seek to help my clients discover this potential and learn skills and strategies that will help them achieve their goals through empowering my clients and providing them with conditions for personal growth. Additionally, I believe that our thoughts can influence our emotions and behavior, and I work to recognize these and evaluate their adaptiveness.

The counseling process involves a collaborative relationship between client and counselor in an open environment where clients are free to share their thoughts and feelings honestly. Thus, your active participation and personal work outside of sessions are essential for counseling to be effective. I may ask you to try various things outside of the counseling hour to help you reach your goal.

#### Session Fees, Missed Appointments, and Length of Service

Services will be rendered in a professional manner consistent with the American Counseling

Association's ethical standards. Therapy sessions are typically 53 minutes long. For self-pay, the agency charges \$150 per hour for in-person counseling sessions, \$175 for initial intakes, and \$125 per hour for distance counseling. Provided that we can bill your insurance (we accept, but are not limited to, Blue Cross and Blue Shield, Medcost, Medicaid, Medicare, Cigna, Aetna, Tricare, Magellan, North Carolina Healthchoice, CBHA, & Optum), we will accept your copays in the form of cash, check, or credit card. If you need to cancel or reschedule an appointment, please notify me at least 24 hours before your scheduled appointment time at 336-818-0733.

The duration of counseling varies widely among clients depending on their needs and preferences. You may choose to terminate therapy at any time, but I strongly encourage you to schedule one final session together so that I am able to help you prepare for and process the conclusion of our work.

#### **Effects of Counseling**

Beginning counseling is a brave undertaking that may also challenge you at times. The counseling process may open up levels of awareness that could cause pain and anxiety as you work through them; the process of change can be a difficult one that could cause disruption or discomfort in your life. Working though this discomfort has the potential to yield very meaningful personal benefits, but you always have the right to refuse to participate in certain therapeutic techniques.

Given the nature of counseling, it is difficult to predict exactly what will happen in terms of therapeutic outcome or provide an estimate of the time required for a client to reach their personal goals. Despite this, clients who are open to the process of change, are consistent with attending sessions, and are willing to work on goals outside of session tend to see the most positive change.

# **Use of Diagnosis**

In most cases, you will be given a mental health diagnosis as part of your treatment. This diagnosis will be discussed with you and is used to plan the appropriate course of counseling. Your diagnosis will become part of your permanent record at this site and may be accessed by your insurance company and any other entity to which your records are released.

# **Confidentiality**

I respect your right to privacy, and anything shared in our sessions will remain confidential. There are three exceptions, however, to confidentiality. I am ethically bound to break confidentiality if:

- (a) you give written permission to disclose information to someone else, such as another health professional, insurance company, or family member.
- (b) I determine that you are a danger to yourself or to others.
- (c) you disclose information that leads me to believe a child, disabled person or elderly person is being abused or neglected.
- (d) I am ordered by a court to disclose information; *a subpoena is not a court order*. (In unusual cases a client's involvement in a custody or criminal dispute may lead to me receiving such a court order.)

In accordance with professional ethics, I may consult with my direct supervisors, other counselors, and the peers in my supervision group from time to time about aspects of certain cases while revealing as little as possible about clients' identities. My supervisor and all other consultees are mental health professionals held to the same standards of confidentiality as I am, and these consultations are designed to help me provide the best services possible. Other than the above exceptions to confidentiality and

consultations, you must provide specific signed permission for me to reveal any aspects of our counseling relationship to an outside party.

# **Complaints**

If you are not satisfied with any aspect of your counseling experience, please discuss this with me immediately. If you think you have been treated unethically and are unable to resolve the problem with me, you may contact my supervisor, Jodi Province, for clarification of client rights or to issue a complaint. You may also 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 (<a href="http://www.counseling.org/Resources/aca-code-of-ethics.pdf">http://www.counseling.org/Resources/aca-code-of-ethics.pdf</a>).

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

Fax: 336-217-9450 E-mail: Complaints@ncblcmhc.org

## **Acceptance of Terms**

If you have any questions or concerns about the information provide above, please discuss them with me. To indicate that you have read and understand this information and agree to the terms outlined in this professional disclosure statement, please sign and date the form below. A copy of the signed form will be returned to you, and one will be kept by this site in your confidential records.

Client:	Signed at: 2024-03-04 16:35:57	Date:
Counsel	or:	Date: