



Vicky Frue, MS, LCMHC, NCC

167 GREEN VALLEY RD
Leicester NC, 28748-9483
828-301-0097

CLIENT DISCLOSURE STATEMENT (Information and Consent)

Thank you for choosing Victoria Frue, MS, LCMHC, NCC as your outpatient therapist with Center Valley Counseling, PC. I hold my Masters of Science – Community Agency Counseling, from Western Carolina University received in May 1994. I am licensed as a Professional Counselor (LPC) in the state of Wisconsin, license #2581-125, since October 1996 and am licensed as a Clinical Mental Health Counselor (LCMHC) in the state of North Carolina, license #PC15105, since 2016. I am board certified by the National Board of Certified Counselors, Inc as a National Certified Counselor (NCC) ID #34112 since April 1994. I am a Certified Therapist in EMDR by the EMDR International Association (EMDRIA) since 2010.

INITIAL ASSESSMENT

At the time of the initial assessments, we gather pertinent information related to your presenting problem so that we can determine the most appropriate treatment plan to recommend to you.

TREATMENT AND COUNSELING SERVICE

This is an outpatient behavioral health service that integrates using Francine Shapiro's Eye Movement Desensitization Process, EMDR, Richard C Schwartz's Internal Family Systems and trauma research and techniques from leading pioneers such as Bassel van der Kolk and Dan Siegel in the field of psychology. Somatic experiencing, compassion focused therapy, guided imagery, and indigenous natural healing will be interwoven into the therapeutic experience. Each client comes here with his/her own unique set of circumstances. Sources from any referrals are accepted by the clinic. The purpose and goals of treatment, as well as participation in your treatment will, therefore, vary with each client. Your

active participation in your treatment is important and no decision about your treatment will be made without your involvement. It is important that you openly discuss your expectations, concerns, or questions regarding your treatment with your therapist. The services available to our clients, 18 years of age and older include individual, couples, families, friendships, and workplace relationships. I specialize helping those with trauma, transitions, and mood disorders.

I do involve your health care providers with your consent. We have proper resources for psychological evaluation and testing as well as psychiatric consultation. You have the right to stop treatment at any time. Ideally, treatment will end when you and your therapist agree that the goals of treatment have been accomplished. The decision to end treatment, for whatever reason, should be discussed between you and your therapist.

THEORETICAL APPROACHES

People make better decisions if they have enough information and understand how something works. Here are some aspects of counseling and therapy as I see and practice it:

Counseling includes your active involvement as well as efforts to change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. I will help point out your natural healing abilities to encourage your self discovery and insights. Thoughts, emotions, and even our physical health will improve as you align yourself to your purpose and passion. Your relationship to self and others will improve overtime. Positive changes will occur, but at times it happens slowly and may involve uncomfortable feelings as healing happens.

After 25 years of experience I have attained strong skills from Bassel van der Kolk, Dan Siegel, Richard Schwartz, Francine Shapiro's EMDR, and other leading professionals in the field of healing trauma, transitions and mood disorders. I also have experience working with Client Centered therapy, Cognitive-Behavioral Therapy, Gestalt Therapy, Reality Therapy, Psychodrama, Process Addiction Recovery, Psychodynamic Theory, and Group Therapy.

What I have learned to respect is that in life we can experience hurts and pains and when held in, they manifest in our minds, bodies, and emotions. Discovering how to listen and trust our own internal wisdom will lead us to clarity and peace. Compulsivity's (addictions), mood disorders, and other concerns then lose their power. We then create an opportunity to share our stories and to accept them into our strengths and values as people. The goal of therapy is to have greater self awareness, new ways of perceiving experiences and new adaptive ways

of behaving in response to troublesome situations. I encourage you to ask me questions about these approaches, as each person is unique to how we learn and grow.

We will set specific goals together and agree on a plan which we will both adhere to. Periodically, we will evaluate our progress and, if necessary, redesign our treatment plan, goals and methods. It is important to understand that there are both benefits and risks associated with counseling and therapy. Risks might include initially experiencing uncomfortable levels of feelings like sadness, guilt, shame, anxiety, anger or frustrations.

I will work with clients who are psychologically and emotionally healthy and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion, meet a different level of care such as residential or inpatient hospitalization. I will enter our relationship with optimism and an eagerness to work with you.

It is to be noted that in the event you hear about and experience sweat lodge or teaching lodge activities with Vicky Frue, that these activities are not within the scope of practice as a counselor nor any part of Center Valley Counseling, PC.

CONFIDENTIALITY

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled.

Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and my profession's ethical principles, in all but a few circumstances.

The following are ways in which I cannot guarantee confidentiality, legally and/or ethically;

1) when I believe you intend to harm yourself or another person, 2) when I believe a child or elder person has been or will be abused or neglected, 3) danger of contagion of life threatening diseases, 4) a court order for disclosure (a subpoena is not a court order), 5) involvement of a DSS worker or guardian ad litem, and 6) a request for information from the parent of a minor.

Otherwise, in your best interest, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and written consent.

Your records are reviewed anonymously by a consultation group if consultation is necessary. Continuation of services upon the need to

refer due to the incapacitation or death of the counselor will be handled confidentially and you will be informed at that time. Concerns of social media and technology are respected and maintained as a professional relationship.

CLINIC HOURS

The clinic hours are Mondays through Thursdays 11am – 7pm. Fridays are by appointment only. Clients are seen by scheduled appointments for 60 minutes. Services are provided by Telehealth Services only until further notice.

CANCELLATION OF APPOINTMENTS

If you find you are unable to keep your scheduled appointment, it is important that you cancel 24 –HOUR IN ADVANCE. Otherwise, you will be charged for the cost of a missed session. Insurance companies will not reimburse for late cancellations or missed sessions.

GOOD FAITH ESTIMATE FOR SERVICES

The following is a detailed list of expected charges for Psychotherapy Services provided by: Victoria Frue (NPI 1508072489). Insurance coverage (if any) may cover all or some of these expenses.

90791: 60-minute Initial Evaluation Cost: \$200.00
90837: 60-minute Psychotherapy Cost \$175.00
90834: 45-minute Psychotherapy Cost \$150.00
MISSED APPOINTMENTS \$ 125.00

I expect that my care of you will utilize weekly therapy sessions. Although the number of total sessions that are required to meet your goals are unknown at this time, the average number of sessions for similar wellness concerns range from 25 to 50 sessions. Depending on the progress that we make, if you are seen approximately 25 times the total cost would be \$4,375.00. Please keep in mind that this is an estimate only and if your level of care changes and you need to be seen more frequently or for a longer period of time that will affect this estimated total. This estimate expires one year from signing date.

INSURANCE/PAYMENT AGREEMENT

It is recommended that prior to beginning treatment that you contact

your insurance company to determine if your insurance will cover outpatient Behavioral Health Services, as well as understanding what your co-pay or deductible fees will be. As a service to you, we will submit assigned insurance claims to your insurance carrier. It is your responsibility to inform Center Valley Counseling, PC of any changes to your insurance.

You are responsible for any payment of charges that are not paid by your insurance. Some diagnosis do not qualify for reimbursement. I will inform you of your diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records. If within 90 days, we have not had a response from your insurance company regarding payment, you will be responsible for making payment for any services already provided to you. It is required that you pay any portion not covered by insurance at each session.

By signing at the bottom of the page you acknowledge and accept financial responsibility for any and all unpaid balances of your account incurred after maximum benefits of your insurance coverage have been exhausted. All copayment, deductible amounts, and cash payments are to be paid at the time of each scheduled appointment. Credit cards, checks or cash are accepted.

COMPLAINTS

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 NBCC code of Ethics www.nbcc.org and ACA Code of Ethics www.counseling.org.

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: LCMHInfo@ncblcmhc.org Website: www.ncblcmhc.org

CONSENT FOR OUTPATIENT MENTAL HEALTH SERVICES

I am aware of the following items in consenting to be treated at Center Valley Counseling, Inc:

- 1) Being informed of the assessment results and diagnosis.
- 2) Treatment alternatives and possible referral sources.
- 3) Possible outcomes and side effects of recommended treatment.

- 4) Treatment recommendations and benefits.
- 5) Approximate duration and desired outcome of recommended treatment.
- 6) Fees expected of me as a consumer.
- 7) My rights as a consumer of mental health services including the development and implementation of a treatment plan (on website).
- 8) Information of the clinic's grievance procedure (on website).
- 9) How to obtain emergency services outside CVC PC's normal hours of operation (on website within Consumer Rights document).
- 10) CVC, PC discharge policy including involuntary discharge for inability to pay or for behaviors resulting from mental health symptoms (on website).
- 11) I have had the opportunity and agree to participate in the treatment plan that will be reviewed every 6 sessions or 90 days whichever is less.

Placing my name in the field below acknowledges my consent to treatment as it has been described orally and in writing to me. The period of consent is for the duration of treatment or 12 months, whichever comes first. All records will be kept for 7 years after treatment is stopped and then the records will be destroyed.

Sign Below:

 Erase  Type

Today's Date

Yes, Center Valley Counseling, PC/Victoria Frue, LCMHC may charge the credit card on file for any missed appointment fee of \$125.00/each and/or any balance due.

Sign Below:

 Erase  Type

Today's Date

Client Legal Name - Last, First

Date of Birth
