Rooted Counseling Services

PROFESSIONAL DISCLOSURE STATEMENT

HALEY LANDRY, LCMHC
Office: Rooted Counseling Services
2307 W. Cone Blvd. Suite 204-B Greensboro, NC 27408
Telephone: (336) 303-8115
E-mail: haley.rootedcounselingservices@gmail.com

I am so glad that you are here! Before we begin our professional relationship, it is important that I inform you about my background and counseling approach. After reading this document, please feel free to address any questions or concerns with me.

Education and Credentials

I earned my master's degree in Clinical Mental Health Counseling from Liberty University in August of 2021. I gained my licensure to practice in the state of North Carolina from the North Carolina Board of Licensed Clinical Mental Health Counseling, and currently hold my associates. My licensure number is #17139. I am certified facilitator for the SYMBIS couples counseling program (obtained in 2019 from Leslie and Les Parrott with SYMBIS.com) and plan to further my training in many counseling techniques in the near future. I have 4 years' experience in professional counseling and 10+ years in the advocate/helping field.

Counseling Background

During my years of counseling, I have served a broad range of individuals, including men and women, couples and adolescents (teenagers and children). The counseling style that I like to use with most of my clients is cognitive behavioral therapy (CBT). Clients and I can work on recognizing positive and negative thought and behavior patterns in their personal lives, how the two elements have a cause-and-effect cycle that might be helpful or hurtful and work together on enhancing and creating positive thoughts and behaviors, and decrease and eliminate negative thoughts and behaviors. I am passion about using writing counseling techniques, therapeutic meditation and using any creative outlet a client may have (such as art, music, poetry, etc.).

While therapy is generally a positive experience, there are potential risks. Risks might include uncomfortable feelings such as sadness, guilt, or anger. I do not take on clients whom, based on my clinical judgment, I cannot assist using the knowledge and tools I have available.

Fees and Method of Payment

Initial Individual Therapy Assessment Session (55 minutes): $150
Individual Therapy Session (55 minutes): $125
Couple's Session (55 minutes): $150
Family Session (55 minutes): $150

I currently accept Blue Cross Blue Shield, Aetna, United Healthcare, and Cigna insurance plans. If you have another insurance plan you would like to use, I will supply you with a superbill to turn into the respective insurance company. When using insurance, please see the "Financial Responsibility and Client Rights" form for more detailed information.

Should I be subpoenaed or required to appear in court on your behalf, you will be billed at a rate of $200 per hour for all time spent related to the case, including preparation, travel, testimony, and documentation.

The following payment methods are accepted: Payments through Square, and private payment through Venmo, CashApp, cash or checks (made to Haley Landry).

Self-pay clients may request a discount if there is a financial need.

After Hours Calls/Emergencies

In order to cancel or change an appointment, call the phone number that has been provided or log onto your client portal through Square and cancel appointment.
If there is an emergency, please call 9-1-1 and/or utilize the emergency department at your local hospital.

Non-emergency resources are listed on Rooted Counseling Services website page.

Use Of Diagnosis

Insurance companies require that we indicate a code number to represent your diagnosis. On occasion, insurance companies may audit records. Insurance companies also require treatment plans to address the diagnosis. Since reimbursement for treatment is based on medical necessity involving certain criteria, your symptoms may be noted in this type 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.

Confidentiality

All information shared in therapy is private, confidential, and treated with the strictest confidence in accordance with the ethical and professional standards provided by the American Counseling Association. Furthermore, information will not be given to any person or agency without the written consent of the client and/or the parent/guardian of the client (if client is a minor). There are, however, a few exceptions to confidentiality. (1) If you indicate an intent to harm yourself or someone else. (2) If you indicate that a child or elder person has been or will be subjected to abuse or neglect. (3) If a judge orders the release of information.
Additionally, it is important that I inform you that there are times that I will consult with other mental health professionals about clients that I am working with and my treatment approach. Your identity, however, will remain anonymous.
When the client is a minor the parents have the legal right to information enclosed in their minor children's medical records. I ask, however, that you allow me to keep what your child discloses in individual sessions confidential. If an issue arises that I think is important to share I will work with the child to help him or her share the information in a family session. The exceptions to confidentiality listed above also apply to children.

Telehealth/Online Counseling

When preferred and when appropriate, I offer counseling services online using a secure and encrypted video chat program. All you need is an internet connection and a webcam; most phones, tablets and computers are compatible. You should be aware of the potential risk of security breaches when using an online program. I, however, mitigate those risks by using a HIPPA compliant video chat program. You can mitigate the risks on your end by making sure you are in a private setting and that your computer is password protected. If for some reason the connection is lost, I will call you on the phone number that you have provided.

Recording of Therapy Sessions

This agreement is made between the client and Haley Landry at Rooted Counseling Services. The Client understands and agrees that therapy sessions may, at the discretion of the therapist, be recorded in audio and/or video format. The purpose of such recordings may include clinical review to ensure quality of care, supervision and consultation, training and professional development, or accurate documentation of sessions.

The Client acknowledges that all recordings will be considered confidential clinical material and will be safeguarded in accordance with HIPAA and all applicable state and federal privacy laws. Recordings will not be shared with third parties without the Client's written consent, except as required by law. The therapist agrees that all recordings will be stored securely, using encrypted or otherwise secure methods, and may be reviewed by the therapist and, if applicable, by qualified supervisors or consultants who are bound by confidentiality obligations. Recordings will be retained only as long as necessary for the stated purpose and will then be permanently deleted.

The client has the right to request clarification regarding the use and storage of recordings at any time. The client further understands that refusal to consent to recordings will not affect the availability of therapeutic services, unless otherwise specified by the therapist. By signing below at the end of the document, the client affirms that they have read and understood this agreement, and that they voluntarily consent to allow the therapist to record sessions at the Therapist's discretion under the terms described.

Safety Related to Children

The safety of you and your children are very important to me. A receptionist does not attend to our waiting rooms. For this reason, we require that you not bring any children under the age 15 who are not being seen for therapy. If you would like to have an individual conference without your child present, please bring an adult or a teenager over the age of 15 to supervise the child in the waiting room. If your child under the age of 15 is being seen for therapy, a parent or family member over the age of 15 must be present in the building at all times.

Professional Relationships

In order to protect your privacy and our professional relationship, if I see you in public, I will not address you unless you speak first. I ask that you not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions.

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 ACA Code of Ethics (http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

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

We agree to these terms and will abide by these guidelines.

Date:

Client Signature:

Date:

Therapist Signature: