



J. Victoria Butler, M.Ed., LCMHC

License #10168

728 N. Raleigh St.,

Angier, NC 27501

Office: 910.984.5030

Fax: 919.516.9793

E-mail: victoriabutler@heritagecw.com

Professional Disclosure Information

I am pleased that you/your family are coming to me for psychotherapy. The following information is to orient you to my therapy practice and to assist you with understanding my policies and procedures. *Please read this document closely. If you have any questions or need clarification on anything you read here, please let me know.*

Education, Credentials, and Experience: I obtained a Master of Education degree from Campbell University, Buies Creek, North Carolina in 2012, and I have been practicing as a Licensed Clinical Mental Health Counselor for 6 years. My LCMHC licensure allows me to practice therapy independently in the state of North Carolina. I earned my certificate in Cognitive Behavioral Therapy in 2017, and I am trained in EMDR techniques. I am currently working toward an advanced certification in Play Therapy.

My professional experience includes working as an elementary and high school counselor with children aged 4-18, teachers, administrators, and parents. I have also worked with individuals and families in the private setting. I have experience working with individuals exhibiting various mental health concerns including depression, anxiety, ADHD, trauma, OCD, mood and personality disorders.

Services Offered and Theoretical Approach: I offer therapy for individuals ranging from two years old to adulthood. I offer clinical assessments and screenings for children, as well as individual and group counseling services for children, adolescents, families, parents, and adults. I utilize Cognitive Behavioral, Behavioral Techniques, and Play and Expressive Arts Therapy techniques in my practice. Individual and/or family therapeutic goals are assessed and discussed at the onset of treatment, and treatment plans are written based on these goals. I also have relationships with various community agencies and providers to whom I consult, make referrals, and assist in linking families and individuals with appropriate services.

My sub-specialty is the treatment of anxiety and depressive issues in children and adults, attachment-based disorders, trauma disorders, and parenting.

Counseling Fee and Insurance Reimbursement: Heritage Counseling and Wellness, PLLC requires that payments be made in full at the time of service. Should you wish to use an insurance policy for child or family counseling services, I ask that you contact your insurance company to inquire if the CPT Codes: 90846 and 90847 are covered in your plan. You should understand that most insurance companies require a psychiatric diagnosis in order to reimburse for mental health counseling.

Unless otherwise specified on the financial agreement, the usual and customary fees range from a 30 min. session at \$100.00 to a 60 min. intake session at \$220.00. Fees and billing codes may vary according to the sessions length of time and type of service rendered (family, crisis, consultation, court, etc.). We accept Master Card, Visa, Discover, American Express, SHA/FHA cards, Check and Cash for payments for services.

In Network: We will file a claim with your insurance company for portions covered by your insurance. All fees not covered by your insurance are due at the time of service. You are also responsible for any balance not paid by your insurance.

Out of Network: At your request, we will provide you with a Super Bill to file with your insurance company. You are responsible for all fees at the time of service.

If my presence is required in court, a fee of \$300 per hour (with a one hour minimum charge) and an automatic one hour prep session fee is payable prior to the court date (this equals a \$600 retainer deposit). This includes my physical presence or standby phone testimony.

Cancellation Policy: With the exception of a life threatening emergency, I ask that you give at least 24-hours notice should you need to cancel or reschedule an appointment. *Please understand that when you fail to show for an appointment, or cancel at the last minute, you are taking away valuable time that could be used for another client in need. **You will be charged a \$75 fee for a missed appointment or no-show.***

Confidentiality: Upon your beginning therapy, I will create a file that contains all information provided by you (including email and phone correspondences), as well as my own documentations. This file will be kept in strict confidence, and you have the right to review your file with me if you so choose. Should I wish to obtain or share information with other professionals about you for treatment purposes, I will discuss this with you and ask for your written consent to do so. Please note that you have the right to full confidentiality with the exception of the following circumstances:

- Confidentiality will be broken if disclosure is necessary to prevent clear and imminent danger to yourself or another. This includes verbal statements that you may make to seriously harm yourself or another person.
- Confidentiality will be broken if I suspect child abuse or neglect.
- Confidentiality will be broken if I am made aware that you have a communicable and fatal disease and that you have willfully exposed an identified third party to it.
- Confidentiality may be broken should I feel it would be helpful for me to obtain consultation or supervision with another licensed mental health profession about your case. The purpose of clinical consultation is to provide you the best quality care by consulting with other experts in the field.
- Confidentiality may be broken in a court of law. If information is requested in a court of law and you do not wish for me to release information, I will request to the court that confidentiality be maintained to protect your right to privacy. If I am *ordered by a judge* to release information, then I am legally bound to release information and will only release the *minimal* amount of information required in order to protect your privacy.
- Confidentiality may not be maintained if you are using an insurance company to pay for services, as explained above. I will be as brief as possible with giving your insurance company information about you in order to protect your privacy.
- In group counseling services facilitated by me, the importance of confidentiality will be discussed in the first group session with all group members. It is important for you to understand, however, that although I will maintain your confidentiality, I cannot guarantee all members will do so.

Emergency Procedures: In case of a mental health emergency, please call 911 or Holly Hill Hospital Crisis Response at 919-250-1800.

Complaint Procedures: Your comments about your experience in counseling are very important to me. I encourage you to immediately speak with me about any concerns or grievances you may have regarding your experience in counseling. If we cannot resolve the issue to your satisfaction, you may express your concerns to my licensing board at:

North Carolina Board of Licensed Clinical Mental Health Counselors

P.O. Box 77819, Greensboro, N.C. 27417

Phone: 844-622-3572

E-mail: Complaints@ncblcmhc.org

Thank you for your consideration. Please acknowledge your acceptance of these policies and procedures by signing below.

Statement of Understanding Regarding Child Custody: I agree that information obtained from minors through counseling sessions will not be used solely for the purpose of separation/divorce/custody hearings. I understand that if my lawyer subpoenas the counselor, the counselor will be obligated to demonstrate that both parents are fit parents.

Also, in situations when two parents have custody of a child, I will notify both parents of therapeutic service provision. For this reason, I will request a copy of the official custody order.

Client (Guardian) Signature

Date

Therapist: J. Victoria Butler, M.Ed., LCMHC

Date