

# **Dieterich Counseling**

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[www.dieterichcounseling.com](http://www.dieterichcounseling.com)

## **Professional Disclosure Statement**

I believe the counseling experience is one of very personal, shared interaction between two people; the most crucial aspect of this relationship is trust. To help you build this trust, I want to share with you my professional beliefs, background, and most importantly, your rights. This document is part of the standards of practice of the North Carolina Board of Licensed Professional Counselors. Please read it carefully. We can discuss any questions you may have about it at our next meeting. You may revoke this agreement at any time.

### **Counseling Philosophy, Education and Experience**

I am a Licensed Professional Counselor in the state of North Carolina. My clinical practice offers psychotherapeutic counseling and consultation to individuals, couples, and individuals in group psychotherapy settings. At times, if beneficial to the client, I may also work with additional family members.

Psychotherapy is not an exact science. Psychotherapy research over the last two decades indicates that as a result of therapy, most individuals feel better and function better in a variety of areas after treatment. Success in therapy is dependent upon many factors, some that reside within the client (i.e. motivation for change), and some that reside within the therapist (i.e. particular skills and their application) and some that result from the interaction and match between the therapist and client. A strong therapeutic relationship is indicated by such things as: feeling understood and respected by your therapist, agreeing on the goals and tasks of treatment, and seeing your therapist's approach as a "good fit" for you. I hope that you will let me know if any of these factors need to be addressed.

Although positive outcomes are likely, they cannot be guaranteed. Some clients may start to feel worse before feeling better. This may take the form of increased anxiety, depression and/or vulnerability. Most of these experiences get worked out in the counseling process.

In my work with clients, I draw from a variety of approaches and apply different techniques. I attempt to figure out what will be most helpful for you, given your history, presenting issue(s), goal(s), strengths, and what has worked for you in the past. I will discuss a treatment plan with you regarding what might be most helpful and expect that you will work collaboratively with me on meeting your goals.

I have a Masters of Arts in Counseling Psychology from Naropa University in Boulder, Colorado. My focus is on Humanistic Psychotherapy, Gestalt Therapy and Ecopsychology. I hold the view that all human beings are not "damaged" or "broken", and are, in fact, doing the very best they can as they attempt to navigate life's many challenges. Counseling/Psychotherapy may serve as an important adjunct to navigating those challenges more successfully. I further believe that the relationships we create (with ourselves and others) hold a great key to healing many emotional and psychological and spiritual wounds. I believe that the therapeutic relationship created through the counseling process may likewise be such a healing relationship.

In a private office setting, as opposed to a fully staffed emergency clinic services and an array of ancillary service, some psychotherapies may not be appropriate. If I determine that your treatment requires a more full array of services and or greater availability than what a solo practitioner can provide, we may need to consider either supplementing our therapy with ancillary therapies elsewhere, or transfer the whole of the therapy to a fully staffed mental health clinic. In these situations, I will discuss the options with you and stand by you while the transfer is affected.

## Fees and Insurance Reimbursement

My fee is \$65.00 per 50 minute hour visit, due at the time of service. I accept cash, personal checks or credit cards. For those unable to meet this payment fee, a sliding scale rate may be possible. If payment is a concern, or a reduced rate desired, please speak to me as soon as possible.

In addition to weekly appointments, I charge this same amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services may include telephone conversations lasting more than 10 minutes, consulting with other professionals with your permission, preparation of records of treatment summaries, and the time spent performing any other services you request of me.

I do not work with the insurance industry. As a result, I endeavor to keep my fee as affordable as possible. If you would like to seek reimbursement from your insurance company, I will gladly provide you with a coded receipt for services that you may submit directly. For more details on this, please speak with me directly.

A minimum of 60 days notice will be provided prior to any fee change, unless otherwise consented to in writing by client.

If there are any concerns or questions about your bill, please speak with me about them, and I will do whatever I can to address them. In the event that difficulties surface in paying an outstanding balance, it is important to discuss the possibility of implementing a payment plan with me. If your account is more than 120 days in the arrears and suitable arrangements for payment have not been agreed to, you need to be aware that the option of using legal means to secure payment, including collections agencies, small claims court, or legal action may be initiated. If I am forced to pursue collection, you will be responsible for all costs of collection, including reasonable attorney's fees.

## Contacting Me

Please be aware that I do not have office staff. I have a voice messaging service with a confidential voice mailbox. For routine messages, scheduling, questions, or to let me know that you need to speak with me about some routine matter, you can leave a message on my voicemail. Due to my work schedule, I am often not immediately available by telephone. I do not answer the phone when I am in session with a client. When I am unavailable, my phone is answered by voice mail. I check for messages frequently and I make every effort to return your call within a 24-hour period of you calling me, with the exception of weekends and holidays or when I have indicated that I will be away from the office for extended periods of time.

***In case of emergencies***, and when you feel that you cannot wait to hear back from me, please call 911 or go to your local emergency room. You may also contact me by email at [brdieterich@yahoo.com](mailto:brdieterich@yahoo.com). Please be aware that email may not be secure. Therefore, only use it for limited purposes such as scheduling and general questions. Please do not include sensitive information in an email and never use it in an emergency. Likewise with texting. To be certain I receive your message, a telephone call is the most secure method of contact.

## Confidentiality

In order for therapy to be effective, it is often necessary to safely reveal private sensitive information about yourself in the course of treatment, to allow the therapist to help you look at yourself honestly to begin to make the changes you wish to make. Under North Carolina law, communication between a client and a Licensed Professional Counselor is privileged (confidential) and, in general, may not be disclosed to anyone without your prior written consent. There are, however, some exceptions to your privilege of confidentiality. Even without your consent, I am legally obligated to report certain disclosures you may make as follows.

- a) If I believe you are a *danger* to yourself or someone else
- b) If you give me *written permission* to disclose information
- c) In the case of *abuse* to a child or an elderly person confidentiality will be waived

d) If the information is court ordered

e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement

f) In case of a *Medical Emergency*

g) These rights are waived if accusations of misconduct are brought

Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken. In the event the client is a minor, parents or legal guardians may be included in the counseling process as is appropriate, however measures will be taken to safeguard confidentiality, always acting in the best interest of the client.

As a counselor I may be receiving supervision (by an individual who is bound by the same code of ethics as I am) to continually improve my counseling skills, any information shared during supervision will be discussed for professional purposes only and every effort will be made to protect the client's identity.

The final exception to confidentiality occurs only if a patient does not pay the bill for therapy. After reasonable efforts at collections I am allowed to involve legitimate collections activity by other parties, which will release information such as dates of service, charges, payments and balances necessary for the collections process.

## **Client Rights**

All records are my property; however they are kept for your benefit and are available to you at your request, if deemed therapeutically valuable. As stated earlier, you have the right to be informed of your counselor's qualifications as well as the right to decline or accept any suggestions or therapeutic strategies. I will remind you of these rights and choices periodically throughout our therapeutic relationship. Termination of the counseling relationship will be made by you or by a collaborative decision between us both.

## **Complaints / Grievance Process:**

If, at any time, you feel my behavior or my counseling approach is inappropriate or troubling to you, please let me know. If, however, you do not feel your concerns are being addressed appropriately, feel free to contact any or all of the following:

### **North Carolina Board of Licensed Professional Counselors**

**PO Box 1369**

**Garner, NC 27529-1369**

**(919) 661-0820 Fax: (919) 779-5642**

## **Client Responsibilities**

As a client you have the responsibility to set and keep appointments. Please let me know as soon as possible, at least within 24 hours, if you cannot keep an appointment. **If you fail to appear at the appointed time a charge of 45.00 will be incurred.** Please pay your fees in accordance with the schedule you pre-established with me. Help plan your treatment goals and follow through with agreed upon goals. You are responsible for your own actions should you refuse to engage fully in treatment. You are responsible for holding in strict confidence other client's mental health/substance abuse information which may be obtained during group therapy. It is also your responsibility to keep me informed of your progress towards meeting your goals and to terminate your counseling relationship before entering into arrangement with another counselor.

## **Ending Treatment**

When our work appears to be done, or it appears that no more progress is being made, it is important to discuss the ending of therapy. A conscious decision should be made about whether the work is done and we should put closure to the therapy, or whether it would be advantageous to take a break from therapy, or whether to consider other treatment options. If a decision is made that therapy is complete, or should be ended, I will close your file as an active file, and you will no longer be considered to be under my active care. You can always return to an active status if new issues arise by calling and making an appointment. It is my policy to always give priority to returning patients over new patients when booking my schedule.

Please be aware, as well, that I am ethically bound to consider the termination of a treatment if no progress is being made. Under these circumstances, I will always first discuss the situation and explore treatment alternatives with you. If the decision is made to end therapy with me, I will continue to be available as support until a new treatment options is underway.

## **Professional Records**

The laws and standards of my profession require that I keep Protected Health Information about you in your client record. You have the right to examine and/or receive a copy of your clinical record, if you request it in writing. Because these are professional records, they can be misinterpreted and may be upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. All art created during therapy is confidential and considered your property. Your artwork will be kept in a safe place in my office unless otherwise agreed upon. I may photograph or scan and store artwork electronically, as I am required to keep record of client artwork for several years. It is my policy to keep records for seven years from the date of the last session. After that point, the file is shredded to insure permanent confidentiality.

YOUR SIGNATURE/S BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. IT ALSO MEANS THAT YOU HAVE READ AND UNDERSTAND THE ABOVE RISKS AND BENEFITS OF COUNSELING AND THAT YOU GIVE YOUR CONSENT TO PARTICIPATE IN TREATMENT INCLUDING ALLOWING ME TO PROVIDE REQUESTED INFORMATION TO YOUR INSURANCE CARRIER.

\_\_\_\_\_  
Client Name                      Client Signature                      Date

I HAVE RECEIVED THE HIPAA PRIVACY POLICY (Notice of Privacy Practices)

\_\_\_\_\_  
Client Signature                      Date

I understand Bryan Dieterich MA, LPC's policy for MISSED APPOINTMENTS and that I will be responsible for a \$45 missed fee if I do not make notice of cancellation.

\_\_\_\_\_  
Client Signature                      Date