



130A Whiteford Way, Lexington, SC 29072
(803) 808-1800 www.solutionsforlife.org

Crossroads Counseling Centers, Inc.

Professional Disclosure Statement

Revised 7/13, 10/13, 2/14, 7/14, 11/14, 5/16, 3-7-2022

Most of this document is mandated by both the South Carolina State law and Public law 104-191; it is provided for your protection. Crossroads Counseling Center has tried to anticipate any risks you may face as a result of being in therapy. If you have any questions regarding the documents you have received, please feel free to discuss them with your counselor.

Chapter 75 of the South Carolina Code of laws ((hereinafter called the Practice Act), which is the statute that governs the practices of Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Psycho-educational Specialists, indicated licensee are required to have a Disclosure Statement. *40-75-270: A Crossroads Counseling Center shall make available to each client a copy of this statement of professional disclosure. The statement of professional disclosure includes your counselor's address and telephone number, fee schedule educational training, and area of specialization. This professional disclosure statement shall also explicitly state that intimacy or dual relationship between a practitioner and a client is prohibited. This disclosure makes known that no guarantees can be made regarding treatment outcomes. This disclosure explicitly prohibits the receiving of any gifts regardless of monetary value. This statement as required by law and professional standards allows no dual or intimate relationship with clients.

Contact Information:

Location and mailing address: Crossroads Counseling Center is located at 130 Whiteford Way, Lexington, South Carolina 29072.

Telephone: 803-808-1800 please listen to menu for counselor and administrative specific mailboxes.

Afterhours and weekend emergency: 803-381-2221

Fax: 803-808-1164

Website: www.solutionsforlife.org (Contains more information about Crossroads.)

Professional/Educational/Clinical Information:

Larue Bettis, M. Ed in Rehabilitation Counseling from the University of South Carolina, Licensed Professional Counselor

Licensed Professional Counselor Supervisor, Certified Clinical Trauma Professional

Clinical Specialty: Psychotherapy with adults, children and adolescents with moderate to severe mental illnesses and behavioral disorders (severe depression, anxiety, ADHD, trauma, grief, relational problems, military family adjustments and work-related problems).

Glen Gerstner, MS, Doctorate in Psychology from California Southern University, Licensed Professional Counselor

Clinical Specialty: Psychotherapy with adults, older adolescents with moderate to severe mental illnesses and behavioral disorders, (depression, anxiety, trauma, clients with life adjustments).

Susan Crain, MSW from Loyola University of Chicago, Ill, Licensed Independent Social Worker-CP.

Clinical Specialty: Children and adolescents, adult and family with moderate to severe mental illnesses and behavioral disorders (Depression, anxiety, family conflicts, ADHD).

Debra Lyles, MA, LPC/S in Counseling from Liberty University, Licensed Professional Counselor, Licensed Professional Counselor Supervisor, and National Certification in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Clinical Specialty: TF-CBT with children that have experienced sexual abuse or other traumas. Psychotherapy with adults, adolescents and children with moderate to severe mental illnesses and behavioral disorders such as depression, anxiety, grief, trauma, anger, and relational problems.

Karen Taylor MA, LPC from Columbia International University. Clinical Specialty working with older adolescents and adults with moderate to severe mental illnesses/disorders.

Maria Marin, MS, LPC, AADC (Advanced Alcohol and Drug Counselor) form West Chester University, PA, Supervisor of Professional Counselor Candidate

Clinical Specialty: assesses and treats children over 8 years old, adolescents and adults with depression, anxiety, trauma, behavior problems, life adjustments, individual and family

Mandy Williams, LPC, Masters in Rehabilitation Counseling from University of South Carolina

Clinical Specialty: assesses and treats children over 10 years old, adolescents and adults with depression, anxiety trauma, life adjustments and behavior problems, individual and family

Laquita Green, MA, LPC form Columbia International University, Ph.D. candidate at Regents University, Supervisor For Professional Counselor Candidate.

Clinical specialty: assesses and treats children over 5 years old, adolescents, adults with depression, anxiety, trauma, behavior problems and life adjustments, Individual and family

Michelle Benson, MA, LPCA from Lenoir-Rhyne, Ph.D. candidate at Liberty University

Initials _____

Client Name _____

Clinical Specialty: Assesses and treats children over 5 years old, adolescents, adults with depression, anxiety, trauma, behavior problems and life adjustments, individual and family

Crossroads is a Provider for most Insurance companies, VA Community Care Provider, Selected Medicaid Programs

Fees:

It is customary to pay for professional services at the time they are rendered. Crossroads Counseling Center requires a signed Payment Contract for each client. Payment must be made at the beginning of each session. Debit, Credit Cards and checks made out to Crossroads Counseling Center.

Initial/Assessment session is \$125.
Session fee is \$90.00 per session

Group: Determined by Administration
Testing, records request, report/letters are billed separately

You have the right to receive a “Good Faith Estimate” based on the “ No Surprise Act” explaining what any non-emergency service will cost (such as letters, records request, out of treatment phone calls). Crossroad’s fee for non-emergency services is the cost of a full session fee of \$90.00.

Crossroads does not participate in court referrals or any type of litigation activity, Disability Determination, medical leave or FMLA. Records are given to the client to assist in these decisions.

Records Request fee: Based on the fair and actual expenses of the total requested report per the CURES ACT.

Appointments

Appointment cancellations: made after the 24-hour deadline will be charged a full session fee.

No shows: will be billed a full session fee. Three consecutive no-show appointments or late cancellations will be evaluated by the counselor, Clinical Director and the Billing Department for either continuation or termination of services.

Insurance: If you are to utilize your insurance, your fee (co-pay, co-insurance, etc) will be determined by your policy. If you do not know if your deductible has been met, you will pay the full hourly rate. Here are the important insurance facts:

- An insurance policy is a contract between you and your employer and the insurance company. Crossroads is not a party in that contract. Insurance contracts are not all the same; their benefits vary about the medical/mental health services they will pay for.
- Please bring your valid insurance card with you at the time of your visits.
- As a courtesy to you, we will file all primary and secondary insurance claims.
- You are responsible for knowing your mental health benefits

Insurance companies are now guided by HIPAA regulations and should only receive a Designated Record Ser (DSR) which includes you name, social security number, dates of first and last sessions and number of sessions, billing code, test results (if any), symptoms and functionality checklist, and your provisional diagnosis (along with billing fees). It is against the law for insurance to release any information about our office visits to anyone else without your written permission.

Employee Assistance Program: You are sent to Crossroads by your employer, or you come to counseling by self-referral through your EAP. You are responsible to contact your EAP program to obtain an authorization/referral. Crossroads’ counselors do not communicate with the employer.

Scheduling and administrative office hours are 8:00am to 6:00 pm Monday through Thursday and 8:00am to 4:30pm on Friday. You may leave a schedule change message any day during a 24-hour period at 808-1800 ext 221. Do not call the counselor to schedule, cancel or to make scheduling changes. Clients are required to give their exact contact information for reminders or financial communication. The permitted phone numbers and/or emails are held strictly confidential. Phone or Virtual Telehealth appointments are available. If insurance does not cover telephone or Telehealth, patient is responsible for self-pay fee.

Clinical Hours: Hours vary with each counselor. Appointments are made by calling 808-1800 ext 221. Reminder texts are made the day before an appointment.

Confidentiality: The information you share in psychotherapy is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be requested in South Carolina through a court order (signed only by a judge) but is considered privileged in the federal court system. Crossroads Counseling Center and counselors are mandated to breach confidentiality if the counselor discovers that you are threatening to self-harm or suicide 2) you are threatening to harm another or homicide 3) child or a vulnerable person has been or is being abused or neglected See HIPAA Privacy Notice.

Importantly, if you wish your protected health information to be released to another party you must sign a specific Release of Information. Disclosure of counseling information is restricted to what is minimally necessary, relevant and verifiable.

Couples/Marital Therapy: Insurance does not cover “marital counseling.” Marital counseling is a self-pay obligation for the clients. Couple case records are treated as one client record. Notes are logged in only one file. Both parties must agree to sign a release if records are ever requested. The identified client will give permission for additional person (s) to be present during the session. In cases where several members of a family are

Initials _____

Client Name _____

involved, the confidentiality situation can become very complicated. At the start, the purpose of our treatment and the counselor's role is clarified. Releases and consent to treat is sign by each participating person (s). It is a policy of Crossroads that you must agree that if counseling does not resolve the marital difficulties and you seek a separation/divorce you will not request testimony/records for either side, although it is still possible that the Judge may order information.

Family/Children and Adolescents (up to 17): Both parents (married, separated or divorced) must sign the Consent to Treat and Release of Information.

The initiating parent must give the other parents contact information upon initial intake. Both parents may receive records upon request. Divorce Order and/or other legal papers must be submitted to the counselor at the time of first session. Both parents (divorced or not) unless a Termination of Parental Rights have been proven by legal documentation, may obtain records or clinical information regarding their child. Unless there is a law enforcement or Department of Social Services order, the counselor communicates with both parents during the therapeutic process. The parent are held responsible to tell the counselor in the initial interview if there is court involvement. Crossroads does not "split" payments between the two divorced or separated All payments are due at the time of service. Parents must accompany the child/children to check in for counseling.

In General: Crossroads does not take court/litigation cases. If an existing case goes into court proceedings your records should be considered confidential; however, there are some situations where the judge may order testimony, affidavit, of records or summary of records (HIPAA's Designated Record Set). Subpoenas signed by an attorney do not allow the release of records unless accompanied by a Release signed by the client. The client is contacted when a release of information is received from any source.

Crossroads does not take Disability Determination Cases, Determine or Grant Medical leave or FMLA. Records of treatment can be given to the client's physician to assist the case.

Records: South Carolina law for Licensed Professional Counselors, Licensed Marriage and Family Therapists and Psycho-educational Specialist's regulations follows the Physicians Patient Records Act in the Sections 44-115-120: Records are retained for ten years for adults and thirteen years for minors based on the last date of treatment. After this time period, records may be destroyed.

State and Federal (HIPAA) dictate all record protection.

You have the right to: see your file in the presence of the counselor by making an appointment, receive a copy of your file at a cost, request amendments, receive a list of all disclosures, restrict the use and disclosure of your information, must sign a release of your information, register a complaint. Requests will be in writing with appropriate signature (s). All requests will be acted upon as soon as possible (usually within 3-7 working days).

Crossroads Counseling Center records follow the HIPAA guidelines for clinical summary of your Designated Record Set (DRS) and may release the information of: psychotherapy stop and start times, results of clinical testing, treatment plan, symptoms, prognosis, modalities and frequencies of treatment, functional status, progress to date, diagnosis, medication prescribed by physician.

Texts and emails:

Crossroads' counselors do not counsel through texts and/or emails. Please know that all texts and emails are part of the clinical record.

Your Rights as a counseling/therapy client under HIPAA and Professional Ethics

- | | |
|--|--|
| To be treated with dignity | To see your file |
| To expect quality service | To receive a copy of your file |
| To expect complete confidentiality | To request amendments to your file |
| To have policies clearly explained | To know all disclosures |
| To know counselor's training and credentials | To restrict use and disclosure |
| To be in a welcoming environment | To register a complaint with Health and Human Services or the Director |
| To participate in the plan of treatment | To feel safe with no sexual or inappropriate relational roles |
| To discuss progress | |
| To discontinue treatment | |

Initials _____