

# PROFESSIONAL DISCLOSURE STATEMENT

## Havah Henzler, MSW, LCSW, LCAS

Master's Degree of Social Work  
East Carolina University 2009

### Licenses

- Licensed Clinical Social Worker # C007489
- Clinical Addiction Specialist Associate # LCAS-1857



### Areas of Interest

Traumatic Loss, Grief & Stress, Interpersonal Conflict, Domestic Violence/Abuse, Multicultural Issues, Addiction, Identity Crisis.

### Certification

Trauma-Focused Cognitive Behavioral Therapy

This is a contractual agreement between you (patient) and me (therapist). This contract includes information about my professional background and training, my credentials, and my approach to counseling, in addition to information about your rights as a patient, my responsibility regarding your confidentiality, how our relationship will work during your treatment and what you can expect from it. Feel free to discuss any of the following items with me at any time during your treatment.

**Risks of Psychotherapy:** Discomfort when retrieving unpleasant memories and uncovering uncomfortable feelings. You may also feel worse after our session; therefore, I ask you to please let me know if you experience any adverse reaction at any point during session or after.

**Experience** – I have been in practice since May 2009, conducting mental health evaluations and providing individual and group counseling for mental health and substance abuse.

**Services** – I provide mental health and substance abuse counseling to individuals aged 7 and older, as well as couples, families, and groups. My work is based on the theories of Human Development, Social Learning, Evolutionary Psychology, Social Constructionism, and Positive Psychology, among others. I use psychological methods, diagnostic procedures, and other techniques to help my patients identify the source of their struggles and design a plan to address their condition(s).

**Approach** – Trauma Focus Cognitive Behavioral Therapy (TF-CBT), Solution-Focused Therapy (SFBT), Motivational Interviewing, and Cognitive Behavioral Therapy (CBT). These techniques are used in conjunction with psychoeducational tools, evaluation instruments to help my patients develop a future-oriented character and increase the likelihood of achieving healthier lifestyles. I often collaborate with other providers to improve the effectiveness of my treatment and make clinical referrals when additional services are needed, or treatment is no longer beneficial.

**Length of Sessions** – A typical intake interview can take between 90 and 120 minutes to complete. Individual, couples and group sessions are approximately 50 minutes long. Family sessions last around 90 minutes.

**Fees** – All payments are due at the beginning of each session, this includes copay fees, co-insurance, and any unmet deductibles. Rates and payment arrangements will be discussed and agreed upon before treatment begins. The total cost of your treatment will not be known until your treatment ends. Please be aware that your benefit coverage may require that you pay a portion of, or the full amount charged for the service you receive. You may need to contact your insurance provider for details about benefits, number of sessions covered per year, deductibles, and your behavioral health coverage. Also, charges related to psychological evaluations or psychiatric treatments received somewhere else need to be resolved with those providers directly.

**Sliding Scale/Fee Adjustments** – To benefit from a reduced rate you must qualify and sign a financial contract with me. I reserve the right to periodically adjust my fees and withdraw this benefit at any time. You will be informed in advance so that you can decide whether you wish to continue treatment or not.

**Methods of Payment** – Acceptable methods of payment are cash, debit/credit card and electronic transactions. For returned checks, there will be a \$35 charge added to your bill to cover appropriate banking charges. Below is a chart with the rates to be billed per session. Your initial is required next to the appropriate service and fee to confirm your agreement to such fee.

Adults or Adolescents *	Fee	Initials	Groups *	Fee	Initials
Initial Evaluation	\$200.00	_____	60 min Session (ea.)	\$40.00	_____
45 min Session	\$80.00	_____	90 min Session (ea.)	\$60.00	_____
60 min Session	\$110.00	_____	Families (3+) *	Fee	Initials
EAP Services	\$65.00	_____	90 min Session	\$200.00	_____
Couples *	Fee	Initials	Crisis Counseling *	Fee	Initials
60 min Session	\$200.00	_____	60 min Session	\$200.00	_____

\* Additional time must be requested and approved prior to your next appointment.

**Cancellation Policy** - Appointments may be scheduled, rescheduled, or cancelled by phone or text. Except for emergency situations, you are required to give 24-hour notice to cancel or reschedule an appointment. Up to 2 missed appointments will be charged at \$50.00 each (\$20 for group therapy). After 3 missed appointments I will bill the standard rate (i.e., \$110, or \$40 for group therapy). I reserve the right to terminate our professional counseling relationship after three consecutive absences. Dire emergencies (i.e., hospitalization, accident, death in the family) are addressed on an individual basis. Since your insurance will not pay for any portion of a missed appointment, you will be responsible for the full cancellation fee.

**Emergency Situations** – If you are out of town, sick, or need additional support, phone sessions are available. I cannot guarantee 24/7 availability though. After office hours, you may leave a voicemail at **(910) 777-5575** (ext. 101) and I will return your call within 24 hours. During medical or life-threatening emergencies, including emotional or behavioral crises, please go to the nearest hospital emergency room or call/text **9-1-1**. You can also call the New Hanover County crisis line at **(877) 685-2415**, dial the National Suicide Prevention Lifeline 24/7 at **1-800-273-TALK (8255)** or text **HOME** to **741741** to connect with a crisis counselor through the crisis text line.

**Confidentiality** - I make it a priority to keep your confidentiality and privacy protected, except when:

- (a) You sign a release form authorizing me to disclose information to a given person, agency, or institution,
- (b) It is clear and present that you intend to do harm to yourself or somebody else,
- (c) There is evidence or reasonable suspicion of abuse and/or neglect of someone related to you who is a minor child, elderly, or disabled adult,
- (d) I receive a court order directing me to disclose information pertaining to your treatment.

Anyone else who needs access to your records will need your consent. Verbal authorization will not be sufficient, except in emergency situations. I cannot disclose any information outside the treatment context without a written authorization from each person competent to surrender this privilege. You may refuse to sign such a waiver, but this can potentially hurt your ability to received treatment or its outcome.

**Use of Diagnoses** – A diagnose is important for treatment planning, record keeping, and to indicate medical necessity as required by some insurance carriers to reimburse for services. If a qualifying DSM 5/ICD 10 diagnosis is indicated, it will become part of your permanent records with your health insurance company. I will inform you before submitting documents to your health insurance company or third parties. Please understand that some insurance plans do not cover behavioral health treatment and that certain conditions do not qualify for insurance reimbursement.

**Satisfaction** - It is impossible to guarantee any specific results regarding your treatment because the outcome depends on your work as well as mine. Together, however, we will work to achieve the best possible results. If you are unhappy with any aspect of your treatment, please let me know immediately.

**Follow Up:** I may conduct follow-up calls three to six months after your treatment ends or your involvement with the agency is discontinued. The purpose of these calls is to discuss whether the gains made during your treatment have been maintained or receive feedback regarding your experience with our agency. You can choose to opt out of these calls.

**Termination** – Both the length and intensity of your treatment will determine when it is appropriate to end our therapeutic relationship. Your progress and readiness to move away from therapy, as well as the effectiveness of treatment can facilitate this process. Situations where I notice lack of commitment or there is an unresolved conflict/impasse may prompt my decision to discontinue services. However, I will not do so without first discussing my decision with you and exploring possible solutions. I am able to provide you with a list of qualified therapists in the area that can potentially work with you.

**Questions or Complaints** - I encourage you to discuss any concerns with me personally. If you believe you have been treated unfairly or unethically in the therapy process and cannot resolve the problem with me, you may file a complaint against me to:

**North Carolina Social Work Certification and Licensure Board**

P.O. Box 1043

Asheboro, NC 27204

P 336.625.1679 • F 336.625.4246 • klilly@ncswboard.org

More information about the American Counseling Association Code of Ethics and my professional responsibilities can be found at [www.counseling.org/Resources/aca-code-of-ethics.pdf](http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

**Acceptance of Terms** – By signing below you are agreeing to the terms and guidelines of this statement and acknowledging that you have been given an opportunity to discuss it prior to committing to treatment.

X \_\_\_\_\_ X \_\_\_\_\_ / / \_\_\_\_\_ X \_\_\_\_\_ / / \_\_\_\_\_  
Patient Name/Representative Signature Date Havah Henzler, LCSW, LCAS Date