

# PROFESSIONAL DISCLOSURE STATEMENT

**Joseph Rengifo, MA, LCMHC, LCAS, CAMS-II, CCSI**

Master's Degree, Psychology  
City College of New York, September 2013  
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Licensed Clinical Mental Health Counselor  
License No. 12895



Master's Degree, Mental Health Counseling  
Regent University, August, 2016  
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Clinical Addiction Specialist Associate  
License No. LCAS-23186

## Certifications

Anger Management Specialist II  
Motivational Interviewing  
Family Trauma Professional  
Compassion Fatigue Professional

## Areas of Interest

Addiction; Interpersonal conflict/violence/abuse;  
Multicultural issues; Human development and sexuality;  
Death and suicide; Ageism; Traumatic loss, grief and  
stress; Psychoses.

Pursuant to (21 NCAC 53. 0204), Counselors in North Carolina are mandated to provide a Professional Disclosure Statement "to each client prior to the performance of clinical mental health counseling services. 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** - Experiencing life changes is perhaps the most referred risk in therapy. There is also the risk of experiencing discomfort when retrieving unpleasant memories, not being "successful" when trying to improve your situation or feeling that your problems are getting worse. You may discover new things about yourself and begin to see the world around you completely differently. In some cases, information shared during therapy may be reported to authorities or subpoenaed in court. Regardless of your symptoms, please let me know your concerns at any point during your treatment.

**Background** - I am a licensed clinical mental health counselor in the State of North Carolina and have a master's degree in General Psychology and Mental Health Counseling. I abide by the Code of Ethics and Conduct as laid down by the North Carolina Board of Licensed Clinical Mental Health Counselors. I founded Wilmington Mental Health, PLLC in April 2017 to fill the gap in mental health and addiction services our community experiences. I serve individuals, couples, groups and family, limiting my population to those aged 14 and up. To maintain my license, I am required to participate in continuing education relevant to my profession.

**Approach** - I conduct comprehensive clinical assessments and drug and alcohol assessments regularly. Each treatment plan I created is tailored to fit the individual's needs. When needed, I can supervise associate level clinical addiction therapists, complete risk assessments for those facing sex offense charges, and offer mental health immigration evaluations to be used by immigration courts in determining whether an individual will be able to remain lawfully in the United States. During treatment, I use Rational Emotive-Behavior Therapy (REBT), Solution-Focused Therapy (SFBT), Motivational Interviewing, and Cognitive Behavioral Therapy (CBT), basing my work mainly on the theories of human development, social learning, evolutionary psychology, social constructionism, and positive psychology. I will help you develop a future-oriented character to increase your chances of achieving a healthier lifestyle and, if necessary, collaborate with other professionals to improve the effectiveness of my treatment.

**Length of Service and Session Fees** - A typical intake interview can take between 60 and 120 minutes to complete. Standard sessions last approximately 55 minutes. Family sessions can extend to 90 minutes depending on the case severity. Payment is due at the end of each session. This includes copayments, coinsurance and unmet deductibles. Please be aware that you may need to contact your insurance provider for details about behavioral health coverage. Rates and payment arrangements will be discussed and agreed upon before treatment begins. However, the total cost of your treatment will not be known until your treatment ends. Any charges related to psychological evaluations or psychiatric treatments received somewhere else need to be resolved directly with the provider of such services.

**Methods of Payment** - Acceptable methods of payment are cash, debit/credit cards, electronic transfers, and checks. A fee of \$35 will be added to any returned check. **Please initial each service you may receive from me in the chart below:**

Adults/Adolescents	Fee	Initials	Families 3+	Fee	Initials
Initial Evaluation	\$200.00		60 min Session	\$160.00	
45 min Session	\$80.00		90 min Session	\$200.00	
60 min Session	\$110.00		<b>Group</b>	<b>Fee</b>	<b>Initials</b>
<b>EAP Services</b>	<b>Fee</b>	<b>Initials</b>	60 min Session	\$40.00	
60 min Session	65.00		<b>Couples</b>	<b>Fee</b>	<b>Initials</b>
<b>Assessments</b>	<b>Fee</b>	<b>Initials</b>	60 min Session	\$150.00	
Immigration Assessment	\$1500.00		<b>Crisis Counseling</b>	<b>Fee</b>	<b>Initials</b>
Sex Offender Risk Assessment	\$2500.00		60 min Session	\$200.00	

\* Additional time must be requested and approved prior to your next appointment. Add \$50.00 per 30 min increments.

**Sliding Scale/Fee Adjustments** – To qualify for a reduced rate, you must show proof of annual income for all immediate family members living in your household. Applicants should provide a copy of any accepted income verification materials (i.e., recent federal tax return, IRS Form W-2 or 1099, or two current pay stubs. I reserve the right to periodically adjust my fees and withdraw this benefit at any time and you will be informed in advance of such a decision.

**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:

**The North Carolina Board of Licensed Clinical Mental Health Counselors.**

P.O. Box 77819, Greensboro, NC 2741.

Telephone: 844-622-3572 or 336-217-6007 • Fax: 336-217-945

Email: [complaints@ncblcmhc.org](mailto:complaints@ncblcmhc.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.

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Patient Name/Representative Signature Date Joseph Rengifo, LCMHC, LCAS Date