

Russell S. Jones, ThD, LCMHCS
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Professional Disclosure Statement

The following information is designed to give you information about the counseling process. Please read and sign at the bottom to indicate you have received this information.

SPIRITUALLY INTEGRATED PSYCHOTHERAPY

I try to understand you and the difficulties you are experiencing as holistically as possible. That means paying attention to body, mind, and spirit, as well as to the important relationships in your life, and helping you draw upon your resources in all these areas. I am respectful of the beliefs and traditions of others and will not impose my beliefs on you. I will, however, be drawing upon my training in psychology, theology, and spirituality to help me help you find the creativity and courage to cope with the difficulties you are experiencing and make the changes you are seeking.

I am an ordained Baptist minister, a Diplomate (#6538) certified by the American Association of Pastoral Counselors, a Pastoral Counselor (#45) certified by the North Carolina Board of Fee-Based Practicing Pastoral Counselors, and a Licensed Clinical Mental Health Counselor Supervisor (#S3249) licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors. I am a graduate of Columbia Theological Seminary, Decatur, Georgia (Doctor of Theology), Southeastern Baptist Theological Seminary, Wake Forest, North Carolina (Master of Divinity), and Furman University, Greenville, South Carolina (Bachelor of Arts). I completed a four-year pastoral counseling residency at the Georgia Association for Pastoral Care in Atlanta, Georgia, and I have done extensive training in use of Internal Family Systems Therapy and Sensorimotor Psychotherapy. I have provided counseling in Asheville since 1996 and have directed the Residency in Psychotherapy and Spirituality for Wake Forest Baptist Health's statewide outpatient counseling network since 2008. I have also worked as a pastor, a hospital chaplain, and a community mental health center therapist. I am trained to provide individual, couple, and family therapy for adults (ages 18+) and adolescents (ages 12-17).

THE COUNSELING RELATIONSHIP

You and I will form a team to help you change, heal, and grow. This team is built on mutual trust and respect. My role is to provide a safe, confidential place for us to meet, to bring the best of my professional training, to listen to you with an open mind and open heart, and to speak to you what I hope someone would speak to me were I in your shoes. Your role is to be honest as possible with yourself and with me, to see yourself as a vital part of the transformation process, and to pay for the time I set aside for you. Each of us needs to be committed to exploring what is going on with you--externally and internally--as truthfully and compassionately as we can. The outcome of psychotherapy cannot be guaranteed, nor can I tell you at the outset how many sessions it will take. At the end of our first session, we will decide together if I am the best resource for you. Referrals to other professionals or agencies will be made when appropriate.

CONFIDENTIALITY

The information you share with me is strictly confidential and will not be disclosed without your written consent. By law, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations where children or elderly persons are put at risk (such as by sexual or physical abuse or neglect). As part of my providing the best care possible to you, I seek regular consultation with professional colleagues. All information shared with colleagues is presented in a manner that keeps your identity completely protected and disguised. I am occasionally asked to testify in court. It is my strong

preference not to do so (it is difficult for you to be honest with me as therapist if you are also wanting me to serve as a character witness), I will not do so without a judge's order, and I will charge you for all time spent preparing for and appearing in court.

APPOINTMENTS AND FEES

Individual, couple, and family sessions are 50 minutes in length. Longer or shorter sessions may be negotiated according to need and available time. The fee is \$140 per 50-minute session, payable by cash, check, or credit card. If you are not able to keep an appointment, please notify me 24 hours in advance. Otherwise I will charge you for the missed session.

Most health insurance companies will reimburse for my services. If you carry mental health insurance coverage and wish to use it for counseling, you should contact your insurance company and bring the following information to our first session: (1) are services covered for Russell S. Jones (see licensure information above)? (2) do you have a deductible and have you met it? (3) at what rate does your company reimburse for outpatient individual or couples psychotherapy? (4) do you have a co-pay, or do you pay a percentage? This information will help us know what you are to pay at each appointment. Without that information, I will expect you to pay the full fee. Depending on what your plan requires, I will either provide you a receipt for you to file or will file the necessary forms for you. Health insurance companies require that I diagnose your mental health condition before they will reimburse for counseling. Any diagnosis made will become part of your permanent health insurance records, and I will inform you of the diagnosis I plan to render before it is submitted. You have the option not to use your insurance.

PHONE AND EMERGENCY CONTACT

If you need to contact me by phone, please do not hesitate. You will not be charged for phone calls unless our conversation lasts beyond ten minutes. When I am not available, please leave a message on my voicemail. I am usually able to return calls within the day. I check messages once daily on weekends and holidays. If you are unable to reach me in an **EMERGENCY**, your first resource is the emergency room of your closest hospital. (In Asheville, this is the Mission Hospital Emergency Room.)

COMPLAINTS

If at any time you feel you have been treated unfairly or unethically, please let me know. If talking with me does not bring a satisfactory resolution to the problem, you have the right to contact the NC Board of Licensed Clinical Mental Health Counselors at P.O. Box 77819, Greensboro, NC 27417, telephone # (336) 217-6007, or the NC Board of Fee-Based Practicing Pastoral Counselors at P. O. Box 447, Kernersville, NC 27285, telephone # (336) 794-3470.

If you have any questions, please feel free to ask before signing this form. By signing, you acknowledge that you understand the information above and that you wish to enter into counseling with Russell S. Jones.

Patient Signature _____ **Date** _____

Counselor Signature _____ **Date** _____