

VAN T. LANGELAND, MS, LCMHC, LMFT
Licensed Clinical Mental Health Counselor, #2393
Licensed Marital and Family Therapist, #418

PRACTICE INFORMATION AND POLICIES

I am pleased you have selected me as your counselor and therapist. This packet is designed to inform you about my educational background, counseling techniques, business practices and to ensure that you understand our professional relationship. I have a Masters of Science degree in Marriage and Family Therapy from Loma Linda University, received in 1981. I have been in private practice and engaged in professional counseling and consulting since 1982. I am a Licensed Professional Counselor and a Licensed Marriage and Family Therapist in the State of North Carolina.

COUNSELING SERVICES / CLINICAL APPROACHES

The counseling process includes your active involvement and effort to change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. There are not many easy or instant cures. There will be homework, writing exercises, reading and journaling to supplement the work we do in session. Sometimes change will be easy and swift, more often it will be slow and deliberate. Long-term change takes commitment, effort and practice. Following are the counseling approaches I draw from the most:

1. Cognitive Behavioral Therapy: Dr. Albert Ellis; Dr. William Glasser
2. Family Systems: Dr. Murray Bowen; Virginia Satir
3. Brief, Solution-Focused Therapy: William Hudson O'Hanlon; Steve DeShazer
4. Gottman Method Couple's Therapy: John Gottman
5. Imago Couple's Therapy: Harville Hendrix
6. Codependency/ACOA: John Bradshaw; Melody Beattie; Pia Mellody
7. Relational Life Therapy: Terrence Real

I will not take on clients whom, in my professional opinion, I do not have the background, training and experience with or can't help using the approaches listed above. I work with adolescents age 13 and up with academic, personal and family issues. I work with adults in areas of their relationships, life and work issues. Additionally, I have training and experience with treating depression, anxiety and panic attacks, stress management, codependency, sexual abuse issues and other types of trauma.

CONFIDENTIALITY

The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by North Carolina State Law and my profession's ethical guidelines, **except** for the following circumstances: **(1)** when I believe you intend to harm yourself or another person; and, **(2)** when I believe a child or elder person has been or is being abused or neglected. In rare circumstances a judge can order a Mental Health Professional to release their records to the court. Otherwise, I will not release information about your treatment, diagnosis, history, or that you are a client, without your full knowledge and a signed Release of Information Form. Additionally, your medical records will only be released upon receipt of a signed ROI, and will only be released to a medical or mental health professional

EXPLANATION OF DUAL RELATIONSHIPS

The Ethical Guidelines in the counseling profession dictate that we have a professional relationship not a social one. Our contact will be limited to the scheduled sessions in my office. Please do not invite me to social gatherings, offer me gifts, or ask me to meet you at places outside of the professional context of my office. If you happen to see me in a public context, I will respond to your greeting if you say hi and initiate the conversation. You will be best served in counseling if our relationship stays strictly professional and if, in our sessions, we concentrate exclusively on your issues and concerns.

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LENGTH OF SESSIONS AND FEES

Counseling sessions are 45 minutes in duration. If I begin late, I will still give you the 45 minutes of time. If you are late, I may not be able to give you the full 45 minutes depending on my schedule and the reason you ran late. We will decide on session times together and it will be your responsibility to remember.

The fee is \$120.00 per session. There will be a minimum fee of \$25.00 charged for phone calls in excess of ten minutes and a minimum charge of \$25.00 for any letters or correspondence that you may ask me to provide. I accept Cash, Personal Checks, MasterCard or Visa for payment of the session.

If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. Unless it is an emergency, **YOU WILL BE CHARGED THE NORMAL FEE FOR THE MISSED APPOINTMENT IF YOU FAIL TO GIVE 24 HR. NOTICE ... THIS IS FOR THOSE WHO FORGET HABITUALLY, NOT FOR UNAVOIDABLE SITUATIONS.** Please be aware that insurance companies will not reimburse for missed appointments.

BILLING/INSURANCE REIMBURSEMENT

Some health insurance companies will reimburse clients for my professional services and some will not. Please call your insurance company to determine your deductible, copay and the amount of your reimbursement. **PLEASE REMEMBER THAT YOU ARE RESPONSIBLE FOR ANY FEES NOT PAID BY YOUR INSURANCE COMPANY.**

Health insurance companies often require that I diagnose your mental health condition and indicate that you have a "condition" that is reimbursable issue. In the event that a diagnosis is required, I will inform you of the diagnosis before I submit it to the health insurance company.

COMPLAINT PROCEDURES

Please inform me immediately if you are dissatisfied with any aspect of our work. This will make our work together more efficient and effective. If you think that I have treated you unfairly or unethically **and** cannot resolve this problem with me, you can contact:

N.C. Board of Licensed Clinical Mental Health Counselors - P.O. Box 77819, Greensboro, NC 27417.
Call (844) 622-3572, for clarification of clients' rights as I've explained them or to lodge a concern.

By signing below, I am stating that I have read, understand, and agree to abide by the policies, practices, and boundaries stated herein.

Counselor's signature: _____ Date: _____

Client's signature: _____ Date: _____

Fee agreed upon _____ Copay _____

FORM I
HIPAA Policies and Practices of
Van T. Langeland, MS, INC.

I, _____ have seen and have had access to the **Notices of Policies and Practices to Protect the Privacy of Your Health Information** provided by Van T. Langeland, MS.

Name _____ Date _____