

Julia Hughes Tabor, MA, LPC

Licensed Therapist
2207 Delaney Drive Ste 107
Burlington, NC 27215
Phone: 336-684-9951
Fax 336-513-0554

Some things you should know

About your therapist and Therapy:

Since therapy is conducted in a number of different ways, depending upon the therapist and his or her orientation, this description has been prepared to inform you about Julia's qualifications, her clinical background, the therapeutic process, and general knowledge about what to expect from therapy.

Therapist's Qualifications and Clinical Background

Julia earned a BA degree in Psychology from Elon University and a Masters degree in Counseling from Liberty University. She has additional extensive training in Dialectical Behavioral Therapy, and Cognitive Behavioral Therapy. She has experiences working in a variety of settings. Before opening her private practice, Julia worked as an outpatient therapist in an agency setting. She also has 5 years experience working for ABSSES as a prevention/intervention counselor. In this role she worked with middle and high school children to reduce violence and substance abuse. She has experience as a in-home therapist and has also worked in a hospital setting as well.

Professional Credentials

Julia is a Licensed Professional Counselor in North Carolina #6630, a Licensed School Counselor K-12 and a National Board Certified Counselor. She is also a Certified Parenting Coordinator and has certification in substance abuse prevention and social skills training programs. She is a member of the American Association of Christian Counselors and the North Carolina Licensed Professional Counseling Association.

The Therapeutic Process:

You have made the first step on your road to feeling better by contacting a therapist. Like every important decision you make in your life, you may want to talk to several therapists about their training, treatment approach, fees, and so on.

"Shopping" for a therapist is often vital in getting the satisfaction you want from therapy.

If you decide to enter therapy with Julia, she will initially spend time with you exploring the problems which brought you to therapy. Next, you will work with Julia

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to set specific goals which you wish to work towards in therapy. Your progress in therapy will be periodically reviewed. The length of therapy will vary depending upon the type and amount of concerns you bring to therapy. At times, changes brought by your efforts in therapy may cause some discomfort or anxiety; your feelings should be discussed with Julia. These feelings often accompany behavioral change, and are often a sign of progress.

Julia is not a physician, and therefore cannot prescribe or provide medication. If medical treatment is indicated, she will recommend a physician or psychiatrist to you, depending upon the nature of your concerns.

If you wish, Julia can work with your other medical providers to assist in your treatment. She can also work with schools, hospitals, case managers and other support systems you identify to ensure best treatment. She is often called on to assist with behavioral/ educational plans to assist children at home or school. If Julia does assessments such as ADHD or educational assessments she will ask that you sign a release so that your child's teacher can fill out an assessment form. Because your work with Julia is strictly confidential, you will need to sign a release if you wish for her to talk with other providers about your care.

Confidentiality:

As a client, one of the most important rights is that of confidentiality. Information obtained during therapy sessions will be held confidential, and will not be disclosed to anyone outside of therapy without your consent. If you are attending therapy as part of a couple or family, you may at times see Julia without your partner or other family members present. Remember that one record is kept for family, sibling, or couples work. If you have other family members present from time to time for therapy, remember that Julia cannot release records without signatures of all parties involved. In this instance, if information is divulged to Julia which she thinks is important for you to share with your partner or other family members, or if you present a situation which is blatantly harmful, unfair, or unethical, she may: (1) ask you to divulge this information before therapy continues, (2) ask your permission to divulge the information before therapy continues, (3) discontinue therapy if options (1) and (2) are not met. There are also a few exceptions to confidentiality as defined by law to which you should be aware. Julia will be required to break confidentiality if one or more of the following conditions exist:

1. If Julia has reason to think that you (clients involved in therapy) may be harmful to yourself or others.
2. If Julia suspects that child abuse or neglect has occurred.
3. If court orders the release of information regarding your treatment.

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Your Rights as a Client:

Julia practices in compliance with HIPAA privacy standards. (See HIPAA form)

As a Client you have the right to:

1. Ask questions at any point in time regarding therapeutic or office procedures.
2. Terminate therapy at any time; you may ask Julia for a list of possible referral sources.
3. Specify and negotiate therapeutic goals and be an active participant in therapy.
4. Confidentiality, as described above.
5. To receive copy of HIPAA and privacy notice forms (by signing below, you agree that you received a copy and understand the policy)
6. Be apprised of fees and payment policies.
7. Ask about alternative procedures available for meeting your goals.
8. You may file a complaint about my privacy practice. If you think that Julia has violated your privacy rights described in this notice, or you want to complain about her privacy practices, you may send a written complaint to the Secretary, Department of Health and Human Services and the NCLPC licensing board. If you send in a complaint, Julia will not take any action against you or change treatment of you in any way.

NCLPC licensing complaints must be in writing. Send written complaint to NCLPC, PO Box 1369 Garner, NC 27529. Phone Number – 919-661-0820 Fax Number – 919-779-5642

Complaint Procedures: If you are dissatisfied with any aspect of your therapy, please let her know right away. She will make every effort to resolve your concern. If that is not possible, she will give you other options for a therapist in your area. You may call her directly at 336-684-9951 or by email Julia_tabor@yahoo.com, or arrange to meet with her individually. Your concerns will be responded to within 24 hrs.

Office Procedures and Fees:

Julia's office hours are normally 8:30 AM to 6:30 PM Monday through Thursday, and are by appointment only. She has some Friday appointments available as needed. If you are unable to attend an appointment, she asks that you call to cancel your session at least twenty-four hours in advance of the session. Failure to do so will result in you being fully charged a fee for the session. Certain exceptions will be made in the event of emergencies.

Please allow Julia two business days to return routine phone calls unless crisis or emergency.

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DBT clients may call therapist cell phone for coaching calls. These calls are kept at or under 7 minutes and are strictly focused on using skills.

Client Emergencies:

Types of emergencies:

- Suicidal thoughts, plans, or intentions
- Homicidal thoughts, plans, or intentions
- Self-harmful behavior
- Intoxication

If you have an emergency for which you need immediate assistance, you may do the following, depending on the severity of the emergency:

- Call 911
- Go to the Alamance Regional Medical Center Emergency Room at 1240 Huffman Mill Road, Burlington, NC 27215
336-538-7000.
The emergency room is open 24/7.
- Go to the Alamance-Caswell Rockingham Local Management Entity, Crisis Services located at 319 N. Graham Hopedale Road, Burlington NC 27215.
336-523-4200
The ACRLME provides crisis services between 8:00 am and 4:00 pm.
- Caswell County residents may call 911 or go to the nearest Emergency Room.

If in doubt about the severity, contact 911.

In case of an emergent or urgent concern, please:

- Do not leave a voice mail until you are somewhere safe or on your way to somewhere safe
- Do not text message
- Do not page

The counselor may not get your message for several hours and may not be available to respond to immediate needs. This policy is for your protection in case of an emergency. First and foremost, your counselor is concerned about your well-being and safety. Because the counselor is in session with others throughout the day, your counselor is not available to respond to voice mails, text messages, and/or pages on an immediate basis. Thus, *always* proceed to the hospital or to crisis services and leave a message with the counselor stating where you are going and the nature of your crisis. Your counselor will contact the hospital or crisis services to follow up.

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If Julia is out of office, and unavailable to be reached due to vacation or illness, she will leave an on-call crisis message on her phone with the number for her on-call therapist Joanna Warren.

Therapy Session length and Fees:

Each session time is forty-five to fifty minutes in length or 75 minutes depending on Julia's recommendations.

Fees per session:

45 minute sessions are \$75.00

1 hr -75 minute sessions are \$95.00

Julia will be billing under your current Medicaid number/card, BCBS, Aetna, or Health Choice number electronically. By signing this form, you agree for Julia to bill electronically. If insurance is not being filed, she will expect full payment after services are rendered. Cash and personal checks are accepted methods of payment. Please remember if you have a deductible, you must pay the full amount of the session and Julia will file towards the deductible. After your deductible is met, you will be responsible for your co-payment. It is the client's full responsibility to explore what insurance covers and does not cover, and will pay anything that their insurance company refuses to pay. Most insurance have a number on insurance card for customer service for asking about benefits. Medicaid does not require deductible and therapy is fully covered. Effective October 1, 2011 consumers with Medicaid from Alamance and Caswell counties will fall under the PBH 1915 (b)(c) Medicaid waiver. CAP MR Services will transition to the Innovations Waiver 1915 (c) and the MH/SA waiver will be referred to as the Cardinal Plan 1915 (b). This means that you will need to sign a release for Julia to bill through PBH since they are the paying entity, and to get authorizations needed throughout the year. If you are a Medicaid client, it is important to understand that you will need to agree to release information in order to process claims, and since Alamance /Caswell clients are under the Medicaid waiver, that Julia will be collaborating with PBH to do so.

In order to cut down on cost, Julia does not mail out bills for services. Therefore if paying out of pocket or meeting your deductible it is required that you pay at time of service.

Julia does not offer appointment reminders by phone, but will give you a Card with time and date on back if you request. Appointments are scheduled at a specific time, and Julia request that clients arrive on time. In the occasional event that clients are late, Julia will wait 15 minutes, but would expect a phone call to hold that time open.

When sending a fax or asking other professionals to send faxes, please advise them to make sure there is a cover letter attached to protect confidentiality. Julia shares a fax machine with a therapist in the office, Joanna Warren.

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Phone consultations are sometimes appropriate but will also be billed the same amount for a session fee. You will be required to bring payment at your next appointment time if you require a phone consultation. Phone consultations are not normally reimbursable by insurance, so please be prepared to pay this out of pocket fee. Phone consultations are \$40.00 for 30 minutes, and 60.00 for 45-60 minutes. If clients need to speak briefly with their therapist over the telephone in between sessions, they may call. Calls under 10-15 minutes are not considered telephone consultations, and there is no charge for them

Please remember Julia is with clients most of the time. You may leave a voice mail if she is unavailable and she will return your call as soon as possible.

Julia fully believes in collaborating together to develop a termination plan when discharge is appropriate. If Julia has not heard from you in two weeks, and /or you are not returning phone calls, she will assume that you are terminating our therapy agreement. There will be a note placed in the file stating that you were not part of the termination plan and one could not be developed. If later you feel you need treatment, you may contact Julia for another intake appointment or referral depending on Julia's availability.

Upon arrival to the office, please have a seat in the waiting area until Julia comes out to greet you. There are 2 areas that you may wait, one is on the couch in waiting area, and the other is in the kitchen. Please supervise children and do not allow them to take products from the kitchen such as waters, food in refrigerator, etc. Also remember that this is a professional office and a therapeutic environment, and it is important to wait quietly.

Julia's policy for medical record retrieval is to allow for 30 days. If an agency request them and has an appropriate release, I will notify them of my policy.

Julia will file an incident report when an emergency occurs to secure proper documentation regarding events that occur while in her care. Julia reserves the right to consult with therapist-colleagues regarding your treatment. This is similar to a physician "getting a second opinion", and can be very helpful in therapeutic treatment. If consultation occurs, identifying information, such as your name, will not be discussed during these consultations.

Although Julia consistently evaluates her services, she conducts yearly customer satisfaction surveys. In an effort to provide the best service possible, Julia will review these confidential documents, and makes changes appropriately. If your treatment requires a school consultation, school observations, or meetings such as school, DSS, or other meetings that are not covered by insurance, Julia's fees are \$90.00 per hour for the amount of time outside of the office.

Because part of the goal of therapy is to protect confidentiality, Julia asks that you not have your attorney subpoena her testimony regarding divorce or child custody, in the event of such hearings. **It is a conflict of interest and against guidelines for Julia to also be a custody or visitation evaluator in a case that Julia is providing therapy.** However, if you do require me to testify in court on your behalf, I will bill you my

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normal (\$90.00) hourly rate for the entire time that I am required to be out of the office and for mileage. Obviously, court appearances can be very costly and are not reimbursed by insurance. Julia will also bill you for 90.00 per hour for the amount of time for preparation in court. This will include court documents, consultation with attorneys, and another service associated with court. The documents will not be released until the amount in full that Julia has charged is paid in full. Also, this would be a break in our contract, which could lead to compromising her ability to work with your child in the future.

Facility Emergency Information

When you sign the inform consent, you are giving Julia the authority to transport your child in case of emergency to hospital, doctor office, etc. Please always update your information with Julia with emergency telephone numbers as well.

To insure safety in case of fire or disaster, please exit the building calmly down the hall towards the large exit sign above the exit door to our lobby, and down the stairs to the back of the building. We will move to the backside of the apartment complex behind the building in a separate parking lot. There is a fire extinguisher in the back of the hall upstairs that is visible. Since Julia rents space, the landlord is responsible to remain in compliance with fire ethics and codes for the state. The office staff will have a drill once a month for fire safety. In case of disaster or tornado, the plan is to move if there is enough time into the dentist office downstairs in a room in the center of the building. If there is not enough time, please move into the center of the building away from any windows or doors.

First Aid supplies are located in the kitchen in the cabinet under the counter.

Facility Safety:

Please note that my office does have stairs. Julia rents this facility, and has been informed that the steps have been reviewed and are in compliance with passing code for building compliance. However, if you feel that the steps are unsafe for you, Julia will either agree to provide in-home therapy (limited availability) or will make an appropriate referral for a facility that would meet your needs. Please do not leave you children or teenagers unattended in the lobby unless you have specific permission to do so. Also, please do not leave your child outside to wait on their ride or unsupervised in the parking lot due to safety concerns. Parents are fully responsible for their children and teenagers while on the premises. No running or playing in hallway or stairs.

Additional Considerations:

To insure quality control in therapy, Julia reserves the right to consult with therapist-colleagues regarding your treatment. This is similar to a physician "getting a

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second opinion”, and can be very helpful in therapeutic treatment. If consultation occurs, identifying information, such as your name, will not be discussed during these consultations.

Informed Consent:

By signing below, I agree that I have read and understand the above information (all 5 pages), and agree to the terms of therapy stated above. Julia has adequately answered any questions that I have at this point in time.

I understand I have the right to terminate therapy at any time, and may ask for a list of referral sources. I understand that it is usually best for therapist and clients to make joint decisions about termination of treatment.

My signature indicates that I am giving my consent for Julia to treat me, my child/children or (us) in therapy. My signature also indicates that Julia has the permission to treat any of my minor children whom I bring to therapy. It also indicates that I entrust Julia to provide therapy for my child, my family, or myself, and she will give me suggestions and recommendations when appropriate.

_____	_____
Client Signature	Date
_____	_____
Client Signature	Date
_____	_____
Parent and or Guardian	Date
_____	_____
Therapist Signature	Date

Please make note that this informed consent is 5 pages, and when signing above, you are agreeing that you have read all 5pages. Please print this document and bring to your first therapy appointment.

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