

Becky Jorgenson, MA, LPCS, NCC, CEDS, NCTM
Professional Disclosure Statement

Credentials

B.A. in Music, Minors in percussion/voice/psychology, Campbell University, 2004
Nationally Certified Teacher of Music, Certification No. 9042834, 2004
M.A., Professional Counseling, Liberty University, 2009
Licensed Professional Counselor Supervisor, NC License No. S8108, 2010
Nationally Certified Counselor, Certification No. 612327, 2014
Certified Eating Disorder Specialist, Certification No. 3602, 2015

Professional Experience and Services

Experience working with children, teenagers, and young adult since 2001 in residential settings, pregnancy centers, and mentoring programs. Graduate-level experience since late 2008 and professional experience since late 2009 in individual and group counseling for children, teenagers, and young adults in both outpatient and day treatment settings for the following treatment areas: Trauma; Post-Abortion Stress; Abuse; Anxiety and Depressive Disorders; Childhood Disorders, Eating Disorders; Self-harm; and Spirituality. Uses a holistic approach implementing cognitive and dialectical behavioral approaches as well as employing play, art, movement, and music in the treatment process.

Payment Policy

We request payment up front and at the time of service. It is our policy to request payment in full; however, a claims form will be provided to you upon request once payment is received to file for out-of-network benefit reimbursement. In order to prevent outstanding fees, additional appointments may not be scheduled if a balance exists on the account. Payment can be made in the form of cash or check only.

Fee Schedule

Psychotherapy 50 min.....	\$120
Late Cancellations (24 hours)/No-Shows.....	\$120
Phone Calls.....	Based on time required
Reports and Letters.....	Based on time required
Photocopying.....	Based on number of pages
Court Preparation/Appearances.....	\$280 per hour

Payment, Insurance Reimbursement, and Problem Resolution

Payment is due at the time services are received. Cash or personal checks are acceptable forms of payment. If you are unable to keep an appointment, please call to cancel 24 hours prior to your office visit to avoid a fee. No-show and late-cancellation fees are listed above. Mosaic Counseling Center is considered an out-of-network provider and does not submit insurance; however, if you wish to submit your own claims, you will be provided with the necessary information and forms. Health insurance companies require a diagnosis of your mental health condition and indicate that you have an “illness” before they will agree to reimburse you. Any diagnosis will become a part of your permanent insurance records.

If you are dissatisfied with any aspect of the services provided by me, please inform me so that we can address your concerns. If we cannot come to a satisfactory resolution, you may speak further with me or,

Mosaic Counseling Center, PLLC

92 Cornerstone Dr., #107

Cary, NC 27519

Professional Disclosure Statement*

*Additional Disclosure for Supervision Required

if after doing so you are still dissatisfied, you may contact the NCBLPC at P.O. Box 77819, Greensboro, NC 27417 or by phone at 336.217.6007 or by email at complaints@ncblpc.org.

COURT PREPARATION/APPEARANCES:

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement and clinical schedule readjustments, I charge \$280 per hour for preparation and attendance at any legal proceeding (door to door). Please note that you will be held responsible for payment for the professional time required even if I am compelled to testify by another party. An agreed upon amount will be rendered *in advance* and held in escrow. Any leftover amounts will be returned to you upon resolution of the legal matter.

CONFIDENTIALITY

The confidentiality of your personal health information is very important to me. I may use and disclose your personal information without authorization for the following purposes: abuse, neglect, domestic violence, or court order.

As required or permitted by law, we may disclose health information about you to a state or federal agency to report suspected abuse to self or others, neglect, domestic violence, or court order. If such a report is optional, I will use our professional judgment in deciding whether or not to make such a report. If feasible, I will inform you promptly that I have made such a disclosure.

At times, I also may receive peer supervision from other counselors at Mosaic Counseling Center without revealing any of your identity, so as to help me serve you better in counseling. Please see “Notice of Privacy Practices” for more detailed information about confidentiality of service and records.

ADDITIONAL INFORMATION

A large portion of my clientele is under the age of 18. It is my policy to spend the majority of a session’s duration with the primary client; however, I value the importance of family involvement in the full healing process. From time to time, additional family members may be invited to join a session to evaluate progress and discuss the goals of future treatment, particularly how the family can be a part of continued progress. If you (parent) need to speak with me privately, please make arrangements for children under the age of ten to be supervised in the waiting room. You may also schedule a parent session at the office or a phone session.

Please be advised that e-mail cannot be guaranteed as a secure form of private communication, and I will not respond to e-mails containing information that could jeopardize the privacy of a client. Anything sent via electronic communication can be easily accessed by unauthorized individuals/groups and may compromise the privacy and confidentiality of the sender/receiver. Non- encrypted e-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. All e-mails will also be added to your file and become a part of your medical record. Please limit e-mail communication to scheduling questions only.

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____