

### **Professional Disclosure - Informed Consent**

By entering into counseling/therapy you have certain rights, and other information of which you should be aware. Please review this document carefully.

#### **Education, Credentials, and Experience**

Jonathan F. Anderson, LCMHC, LPC-s received a Masters degree from the University of Minnesota-Twin Cities in 1997. He has been fully licensed (NC LCMHC #14542, TX LPC-S #16807) by the North Carolina Board of Licensed Clinical Mental Health Counselors since January 18, 2019, and by the State of Texas Board of Examiners of Professional Counselors since February 7, 2001. Mr. Anderson has 21 years of post-Masters experience in the Mental Health industry. Mr. Anderson works primarily with adults and teenagers over the age of 14.

#### **Counseling Purposes, Goals, and Techniques**

The definition of counseling is the skilled and principled use of a relationship to facilitate adjustment to changing life circumstances; promote personal growth, needs attainment, and the optimal development of personal resources. The aim is to provide an opportunity to work towards using positive resources to promote overall wellness. Counseling relationships will vary according to need, but may be concerned with: developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others.

The counselor's role is to facilitate the clients work in ways that respect the client's values and personal resources.

**Right to Confidentiality (limits of confidentiality)**

State and Federal law states that communication between the therapist and client as well as the client's records are confidential. There are four (4) conditions under which Federal Law requires counselors to breach confidentiality. These are:

1. Situations involving actual or suspected child or elder abuse
2. Situations involving actual or suspected abuse or exploitation of the disabled
3. Situations in which a person's life is in immediate danger
4. Under direction of a judge's subpoena or court order

**Distance Counseling Considerations**

Due to the dangers presented by Covid-19, Jonathan F. Anderson, LCMHC is operating only via teletherapy or online video-chat. These services are provided through HIPAA compliant means.

***Jonathan F. Anderson, LCMHC teletherapy qualifications***

Jonathan provided 100% teletherapy and telephonic trauma response from 1998-2005. He wrote the training protocols for the organization, which was later acquired by Aetna, and served as the lead trainer of this company. Jonathan has maintained a teletherapy component in his practice since leaving the company to enter full-time private practice.

***Physical Location of Jonathan F. Anderson, LCMHC's business***

Raleigh Teletherapy's parent company is Gate Healing, PLLC, which is owned by Jonathan F. Anderson, and is located in Austin, Texas.

***Possible Technology failures***

While extremely rare, there are times when our telephone session or video chat session may be interrupted due to normal technical issues that we have all experienced from time to time. Jonathan will either extend the session by the amount of time lost, or will add the time to a future session. Both telephone and video sessions are options.

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Gate Healing, PLLC  
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(919) 780-4357

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***Time Zone Differences***

Jonathan will schedule your sessions in terms consistent with your time zone (Eastern)

***Anticipated Response Time***

Jonathan strives to respond to communication requests within the same day, however there may be times when he will respond the following business day.

In the event that you are in immediate life threatening crisis and Jonathan is not available, please call 9-1-1.

***Insurance Considerations***

Jonathan does not accept insurance. Should you elect to submit receipts for sessions, you should be aware that your out-of-network, outpatient mental health coverage may not cover distance sessions, or may require approval. Please contact your insurance carrier for information.

**Communication**

I understand that Raleigh Teletherapy/Gate Healing, PLLC and Jonathan F. Anderson, LCMHC, LPC-s cannot guarantee the security of email or telephone communication especially related to treatment information. I further understand that my Personal Health Information (PHI) may be at risk if I chose to communicate with my therapist via email or phone about treatment and I assume sole responsibility and liability for this risk.

Emails opening up discussion points for counseling/consulting will be addressed in your next session.

**Fees**

Individual therapy sessions are \$165 for a 45-minute session, \$330 for an 90-minute double-session. The client may elect to use health insurance to obtain out-of-network reimbursement for sessions, but Raleigh Teletherapy/Gate Healing, PLLC does not submit claims for the client. The client is responsible for payment at the time of service, and may then submit bills to his or her insurance provider. Payment forms accepted: Cash, Credit/Debit Card, Personal Check.

Phone consultations (outside of scheduled appointments) over 5 minutes are charged at the rate of \$4.00 per minute for the full duration of the call.

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Records preparation, forms, letters and court related services such as: consultation with attorneys, depositions, court appearances, and travel time will be charged at an hourly fee of \$350 (If I am subpoenaed or am asked to testify in

court, I will have to cancel my entire day of clients due to the unpredictability of when cases come up on docket, therefore, the minimum charge is for 6 hours, regardless of when the case is called). It is your responsibility to pay for all costs involved and payment may be required prior to the time services are rendered, but in no case, later than at the time that service is rendered.

A fee of \$35 is charge for returned checks.

### **Cancellation Policy**

Your session time is reserved for you. There is no charge for missed or canceled appointments provided 48 hours notice is given. *You will be charged for the full session if you do not cancel 48 hours in advance.* This fee is not billable to insurance companies.

### **My Travel Obligations as a National Crisis Counselor**

Occasionally I am called out of the office to respond as a Crisis Counselor to provide support during major disasters and crisis situations nationwide. Should I be called out when we have an appointment, I will contact you and offer to reschedule our session as quickly as possible. Thank you in advance for your understanding.

### **Emergency**

Emergency services are not provided by Raleigh Teletherapy/Gate Healing, PLLC or Jonathan F. Anderson, LCMHC, LPC-s. If you have an emergency that puts your physical safety at risk, please contact emergency services by calling 911.

### **Right to Terminate Therapy**

You have the right to terminate or take a break from therapy at any time. While I strive to partner with all of my clients to achieve their goals, I do understand that there may be circumstances when one may need to terminate therapy early. In most circumstances, we will be able to determine together when therapy is complete, and thus plan a smooth transition. However, should you decide at any point to terminate therapy, you may do so.

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### **Complaints**

If you have a complaint that you feel that we are unable to resolve, you may contact the North Carolina Board of Licensed Professional Counselors at: 844-622-3572. A complaint form can be found at [http://www.ncblcmhc.org/Assets/Complaint\\_Form/Complaint\\_Form.pdf](http://www.ncblcmhc.org/Assets/Complaint_Form/Complaint_Form.pdf) and should be mailed to:

North Carolina Board of Licensed Clinical Mental Health Counselors  
PO Box 77819  
Greensboro, NC 27417

The following information is found at <https://www.ncblcmhc.org/Complaints>:

1. Submit the complaint on the Board's Complaint Form available for download below. Additional documents needed to complete the complaint form are: [the Code of Ethics, Article 24 and Title 21 Chapter 53](#). These documents are also available on this website. Specific breaches of the Code of Ethics or law (Article 24 and Title 21 Chapter 53) need to be listed on the complaint form or on additional pages, and any additional evidence deemed as essential should also be included with the complaint form.
2. The completed complaint form is received in the Board's office. The complaint is logged into a database and assigned a complaint number. The counselor is sent a certified letter and a copy of the complaint and is given an opportunity to respond in writing to the complaint. A letter is also sent to the person filing the complaint acknowledging the receipt of the complaint and informing the person of the complaint number. After receiving the complaint number any additional information forwarded to the Board's office should include the complaint number so it can be easily identified as additional information to the complaint.
3. Copies of the complaint are also forwarded to the Board's Ethics Committee for review. When the counselor's reply is received, this is also forwarded to the members of the Ethics Committee.
4. At the next scheduled Board meeting the Ethics Committee reviews with the Board details of the complaint received and the response from the counselor. The Board makes a decision as to what the next step should be. The Board meets approximately every three months.
5. All complaints must follow due process and are not resolved immediately.

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**Consent to Treatment**

I have read and/or have had satisfactorily explained to me and I understand this disclosure of information, policies and client agreement. Any questions that I had about this statement including fees and payment policies have been answered and explained to my satisfaction (for clients under the age of 18, consent must be given and this form must be signed by either a parent or legal guardian). I understand and agree to the description of confidentiality and the exceptions as stated above. I consent to counseling under the terms described above. My signature below also indicates that I have read a copy of the (HIPPA) Notices of Privacy Policies.

**Therapy Agreement**

By signing below, I agree that I have read and understand the above information and rights.

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Client Signature

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Parent/Guardian Signature if under 18

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Therapist Signature

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Date

Please return the original of this page, signed and dated, to the address below.

**Please retain a copy of this document for your records!! It is available at [raleighteletherapy.com/forms](http://raleighteletherapy.com/forms), and Mr. Anderson can make a copy for you at any time.**