Ashleigh E. Bryan, MS, LMFT
Professional Disclosure Statement

Qualifications

I received my Master's of Science in Marriage and Family Therapy from East Carolina University in May of 2008. I also received my bachelor's degree in Psychology with a minor in Child Development and Family Relations from ECU in May of 2006. As a Master's degree candidate I held two different internships. The first, working at the Family Therapy Clinic at ECU providing individual, family and couples therapy. The second internship was at the ECU Pediatric Healthy Weight Clinic in which I utilized the bio-psycho-social model to provide therapy to children and families struggling with weight issues. I also have experience working in an agency setting providing intensive in home family therapy and community support services for both children and adult. I have been practicing in the private outpatient setting since February of 2008. I am a Licensed Marriage and Family Therapist in the state of North Carolina (license number 1028).

Experience

I have experience working therapeutically with individuals, couples and families. I have had the privilege to work with people of all ages, genders, ethnicities, religions, sexual orientations, and races. I have also facilitated parenting support groups of preschoolers and toddlers. My previous positions include: Marriage and Family Therapy Intern at the East Carolina University Family Therapy Clinic were I worked therapeutically with families, couples and individuals from eastern North Carolina; Family Therapy intern at the ECU Pediatric Healthy Weight Clinic serving overweight and obese children ages 0-18 in Eastern North Carolina. In that position I worked with children and families on making positive life changes, depression, anxiety and other mental health and relational issues. I then worked with a local agency providing Intensive In Home Family Therapy promoting family preservation and reunification for close to two years . In the private practice setting I have provided family, couples and individual therapy to those experiencing trauma, crisis, stress, depression, grief, relational issues, ADHD, anxiety, major life changes, violence, PTSD, developmental issues and many other psychological and relational issues. My experience also includes working with couples, families, and individuals who were experiencing marital stress and strain, co-parenting skills, adolescent issues, family relational issues, grief, parenting concerns, domestic violence and other issues.

Nature of Counseling

I strongly believe that change is possible and people seek good in their lives. I believe in the human capacity for growth and change. I am trained in systems theory and our work will explore many interconnected systems in your life throughout the change process. I also take a strengths based perspective, which will utilize things that are going well and explore your strengths in our work toward the goals set. We will set goals to work towards that are both realistic and meet your needs where you are, driven by what changes you wish to make. This process will utilize self-reflection, insight and promote gaining increased self awareness. Our families of origin have made lasting impacts on how we function on a day to day basis. Through exploring our past and gaining new insight about ourselves, we are empowered to make positive change and better choices towards the change we seek. I believe the power of the therapeutic relationship and therefore will provide honest and straightforward feedback to promote growth and ask you provide this to me as well through open and honest discussion and expression of thoughts, feelings or concerns. We will assess progress towards goals throughout our work together. I will strive to develop a relationship with you based on trust, acceptance, honesty, encouragement and mutual respect. This is your time to change and achieve what you want; therefore, you will be the director of your change process!

My services will be rendered in a professional manner consistent with accepted ethical standards set forth by the American Association of Marriage and Family Therapists. **Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results.** Your sessions are your time to discuss any topics which you feel appropriate. You may end our therapeutic relationship at any time but I do ask that you participate in a closure session. You have the right to refuse or negotiate modifications of any of my suggestions that you believe may be harmful. At any time, either you or I may initiate discussion of possible positive or negative effects of entering or not entering counseling, continuing or not continuing counseling, and/or using or not using certain techniques. It is not unusual that as the counseling process progresses you may feel as though things are getting worse before they get better. I strive to make the relationship as open and honest as possible and will express my concerns as I hope you will also express yours.

In order to maintain a safe and protected environment for your child and provide them with a therapeutic environment, I ask that you do not probe your child after their therapy session other then asking general questions, i.e. How did it go? Do you think you are going to like working with Ashleigh? If you have any questions or concerns about their session or their behavior after their session, please feel free to e-mail (ashleigh.bryan@live.com) or call me to discuss these. The same confidentiality rules apply to your child's session, and information exchanged between your child and myself will not be discussed with you unless the following issues arise: 1) If your child is evaluated to be a danger to themselves or others; 2) If I believe the minor, elderly or disabled are the victim of abuse or if your child divulges information about such abuse; 3) if a court order or other legal proceedings or statute require disclosure; 4) Your insurance company requires information in order to pay claims. I will be happy to address any questions or concerns you might have regarding this.

For parents of a minor child, periodic parent consultations will be scheduled with Ashleigh Bryan, MS, LMFT at which time information will be give to you regarding your child's progress in therapy, these session will be separate from your child's therapy session. You will also have the opportunity to discuss any concerns or questions you have related to your child. Children whose parents are involved in divorce/custody proceedings agree to allow my work with your child to remain therapeutic and not to involve me, or the treatment I do with minor clients, in legal proceedings. My role is to remain as an advocate/safe person for your child and subjecting the treatment

Emergencies

I do not provide any emergency therapeutic services. In the case of an emergency, please contact 911, or contact your primary care physician. You can also go to the local emergency room request the psychiatrist on call. Here at the numbers to two local hospitals with emergency behavioral healthcare:

Carolina's Medical Center, Randolph Rd.- 704-358-2700
Presbyterian Hospital Behavioral Health- 704-384-4255

Referrals

If at any time for any reason you are dissatisfied with my services, please let me know. Should you and/or I believe that a referral is needed, I will provide you with some possible referral sources. A verbal exploration of alternatives to counseling will also be made available upon your request. If you have a complaint, which you believe needs to be registered with my governing board you can send them a written complaint utilizing the form from the North Carolina Marriage and Family Therapy Licensure Board provided at www.nclmft.org or call 919-772-6600. I do not provide intelligence and educational testing nor do I give testing for jobs as I am not qualified to do so. Referrals are given for these services if needed.

Fees and Billing Practice

Session fees are as follows:

$150.00	Initial session (60-75 minutes)
$120.00	Individual Therapy (adult or adolescent 50-60 minutes)
$130.00	Couples or Family Therapy (60 minutes)
$165.00	Couples or Family Therapy (75-90 minutes)
$120.00	Consultation or Report writing (per hour)
$120.00	Case Management (per hour)
$120.00	Phone Calls per hour (billed after 10 min.)
$ 30.00	Emails requiring 15 min. or more (billed in 15 min increments)
$ 2.00	Credit Card processing fee

Payment of services is expected at the time of each session and a receipt will be provided. **If we have made arrangements to file insurance directly you are responsible for any co-pays due and ultimately responsible for payment in full if your insurance company does not pay within 90 days for any reason**. It is your responsibility to file with your insurance unless other arrangements have been made with me. If payment for services is not made at that time and it is not a matter of special arrangement agreed upon by you and me, such payment must be made within 10 working days of the session in question AND before a new appointment can be made. If payment is not made within this time period, I have the option of informing you in writing, that future services might be jeopardized and even discontinued. In this instance, I will provide you with names of other practitioners if requested.

If you fail to cancel scheduled therapy appointments at least 24 hours in advance, an automatic charge of the full session fee will be made for the missed appointment and added to your fee during the next scheduled session. Cancellations for Monday appointments need to be made before noon on the prior Saturday. There are two exceptions; if the roads are dangerous due to snow or ice or if you have a contagious disease that the therapist or others in the office might contract. If the therapist is working with you as a couple and if you come alone without your partner, the therapist will need to assess the risk versus value to your partnership of seeing only you. If the therapist determines it is not in the interest of your relationship, then you will, nonetheless, be charged for the entire session. Please understand, that insurance companies may not reimburse for charges resulting from missed appointments. If you fail to attend two consecutively scheduled sessions without notifying me, I will assume that you wish to terminate services and I will notify you in writing, that services have been terminated. Two consecutively cancelled sessions without prior notice may result in loss of an established appointment time. You may terminate services at any time by notifying me.
If a check is returned due to insufficient funds, there will be a $50.00 charge to cover bank fees. Payment of the session fee and $50 charge must then be made at or before your next scheduled appointment. **There is a $2 charge per transaction when paying for services with a credit card.**

Phone Calls
I am happy to speak with you by phone if a pre-arranged time is scheduled to do so. It is often easier to reach me and communicate with my by e-mail (my e-mail address is ashleigh.bryan@live.com). However, should you prefer to speak with me by phone for any reason any phone calls lasting over 10 minutes will be billed at my normal hourly rate and payment due at the next scheduled session or within 7 business days of the phone consultation, whichever comes first.

Emails
E-mail communications requiring 15 minutes or more, between your therapist and you regarding matters of ongoing therapy will be charged in 15-minute increments $30 per 15-minutes. There is no charge for emails concerning administrative and scheduling matters.

Records and Confidentiality
If your insurance company is paying in part or full for your session, they sometimes have the right to gain information regarding your counseling sessions. This varies with different insurance companies. If there is any question about this it is suggested you contact your insurance company so that you know what access they are allowed to have as part of your policy agreement. Additionally, in order to file through insurance it is required that I give you a diagnosis. It is important that you understand that not all diagnosis' are covered under any given insurance plan and that when a diagnosis is given it becomes part of your records with the insurance company.

Your counseling sessions, and the discussions therein, remain confidential unless I obtain a signed release from you for me to discuss your case with another professional. Case records are confidential and will not be released without written permission from you. As your therapist I may be receiving on-going consultation from an individual who is bound by the same rules of ethics as I am. In such an instance, information will be discussed for professional purposes only and every effort will be made to protect the client's identity and information.

However, in certain circumstances it is required that confidential information is disclosed without your consent which include, but are not limited to the following: 1) If you are evaluated to be a danger to yourself or others; 2) If you are a minor, elderly or disabled and the counselor believes you are the victim of abuse or if you divulge information about such abuse; 3) if a court order or other legal proceedings or statute require disclosure; 4) Your insurance company requires information in order to pay claims; 5) As stated above, at your request.

By signing below I acknowledge that I have had the opportunity to ask any questions I may have on limits of confidentiality. I have also discussed the goals of therapy with Ashleigh and understand that therapy is a joint effort between the counselor and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as my interactions with family, friends, and other associates.

By signing below, you are indicating that you have read and understand the information contained in this statement, that you have been given a copy of this form for your records, and that any questions you have about this statement have been answered to your satisfaction.

Client Name (Printed)

Client /Legal Guardian Signature

Date

Legal Guardian (2nd Parent)

Date

Counselor's Signature

Date

Ashleigh Bryan, MS, LMFT
5200 Park Rd, Suite 111
Charlotte, NC 28209

CLIENT CONSENT FOR TREATMENT AND BILLING AGREEMENT

I hereby give Ashleigh E. Bryan, MS, LMFT, to provide counseling services to:

_____ _____
Client Name Date of Birth

I understand that Ashleigh Bryan, MS, LMFT will provide the following service(s) to me for the indicated fees:

Cost of Treatment:

$150.00 Initial session (60-75 min)	$120.00 Individual Therapy (50-60 min)
$130.00 Couples or Family Therapy (60 min)	$165.00 Couples or Family Therapy (75-90 min)
$120.00 Consultation or Report writing (per hour)	$120.00 Case Management (per hour)
$120.00 Phone Calls per hour (billed after 10 min.)	$ 2.00 Credit Card processing fee
$ 30.00 Emails requiring 15 min. or more (billed in 15 min increments)	

I understand that payment for services are expected at the conclusion of each session and that a receipt will be provided for me. If insurance arrangements have been made prior to the session and a co-pay is applicable, it is due at the time of my session. If for any reason your insurance does not agree to pay your fee (co-pay or percentage), **you are ultimately responsible for payment in full**.

In order to guarantee payment a credit card must be put on file and will be billed only with notice by Ashleigh Bryan, MS, LMFT for a missed or unpaid for appointment.

Credit Card #_____ **Exp.**_____

Billing Address Zip Code_____ **VISA** **MASTERCARD**

Your insurance company has informed me that your benefits are as follows:

Insurance Company:_____**Deductible:**_____ **Co-pay:** _____

Max. # of sessions/Amount_____ **Per Calendar Year/Benefit Period:**_____

I agree to allow Ashleigh Bryan, MS, LMFT, bill my insurance company directly for service provided and understand that the insurance company may request information in order to process payment. I give her permission to release the necessary and requested information to the insurance company.

If payment is not made at the time of my appointment and it is not a matter of special arrangement agreed upon by myself and Ashleigh Bryan, MS, LMFT, payment must be made within 7 working days of the session in question AND before a new appointment can be scheduled. If payment is not made within this time period, Ashleigh Bryan, MS, LMFT has the option of informing me, in writing, that future services might be jeopardized and even discontinued. I understand that she can provide me with names of other practitioners if requested.

If I fail to cancel a scheduled appointment at least 24 hours in advance, I understand that an *automatic* charge of the full session fee will be made for the missed appointment and added to my fee during the next scheduled session. I understand that I will be responsible for this fee as insurance does not pay for missed appointments. You can call me at 704-607-1393 to notify me or leave a message as well as via email at ashleigh.bryan@live.com. If I fail to attend two consecutively scheduled sessions without notifying Ashleigh, she may assume that I wish to terminate services. I also understand that two consecutively cancelled sessions without prior notice may result in loss of an established appointment time. I also understand that I may terminate services at any time by notifying Ashleigh Bryan, MS, LMFT.

If for any reason I am subpoenaed to testify in court on your behalf or regarding your case my fee is $150.00 per hour. This includes travel and waiting time as well as preparation time. I require a $500.00 retainer fee in advance. You will be responsible for payment of this fee in full.

I agree to the terms of the counseling and fee agreement as stated above and understand the above requirements. I release Ashleigh Bryan, MS, LMFT from liability.

_____
Client Name (Printed)

_____ _____
Client Signature Date

_____ _____
Therapist Signature Date