



# Professional Disclosure Statement

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Welcome, and thank you for considering me as your counseling provider! This form gives you information about my professional background, my approach to therapy, and other important details. Please also note additional information on the following policies and procedures is stated in your RFC paperwork.

## Background & Qualifications

I earned my master's degree in Clinical Mental Health Counseling in 2013 from Western Carolina University. I am a Licensed Clinical Mental Health Counselor (LCMHC - #10340) and a Licensed Clinical Addiction Specialist (LCAS - #LCAS-20066) in NC. I am also trained in basic Eye Movement Desensitization and Reprocessing (EMDR) therapy.

I completed my practicum and internship at a university counseling center where I provided short term therapy services to undergraduate and graduate students. Since 2013, my counseling work has been providing generalized and specialized treatment services to adults. I have worked in community mental health and private practice settings, including two specialty programs focused on providing treatment for sexual offending behavior. I have worked with clients to address various concerns related to depression, anxiety, grief/loss, adjustment issues, relationships, substance abuse, and trauma. I began working at RFC in July 2023 where I provide adult outpatient therapy services via telehealth.

Concerns presented in therapy vary and can include personal, professional, emotional, or relational issues that are experienced uniquely by each individual, and because all aspects of our being are interconnected, these issues can impact all facets of a person, including mentally, physically, emotionally, spiritually. My approach to therapy includes a person centered, individualized, holistic (whole person), recovery-oriented, and trauma informed lens. Depending on a client's needs and goals, I incorporate modalities like cognitive-behavioral therapy (CBT), dialectical behavioral therapy (DBT), mindfulness, and motivational interviewing. I integrate somatic techniques to help enhance body awareness, understanding of the mind/body connection, and to learn self-regulation and coping skills. I may also utilize EMDR depending on the presenting issue(s) and client's goals. While we will explore problem areas and therapeutic goals together, clients are responsible for deciding what changes to make and how. My role as a therapist is to work in collaboration with clients, to give genuine, nonjudgmental support and guidance, to offer feedback, to help build client self-awareness and skills, to challenge clients in useful ways, and to empower clients on their journey toward healthy, positive change.

If a client's presenting concern is outside the scope of my professional qualifications or experience, I will make the best effort to refer to a more qualified provider. There may be circumstances when I will refer a client to consult with another provider, such as a physician, or for another service, in addition to their work with me. Such referrals will be discussed with you. If a referral is made, or if you are already working with another provider on the presenting issues, it can be beneficial to complete a release form allowing your providers to coordinate your care. We can discuss this further as it applies to your situation. From an ethical standpoint, if a referral is not implemented that is core to the presenting issues and/or to the success of therapy, termination of services may occur. In addition, practicing from a responsible and ethical stance includes discontinuing therapy in the event therapy is not progressing or showing benefit to the client. These situations would be discussed with the client, if/when applicable, and in such cases, referrals would be provided. It is the client's responsibility to contact the referrals or resources made available to them. Additionally, a client has the right to terminate services at any time, although I will request a termination session for closure.

## Therapy Process, Benefits, and Risks

It takes courage to choose to engage in therapy, to acknowledge, talk about, and address personal distress or issues. Therapy is a process that takes commitment and intention. Though other modalities may be used, it often consists of talk-therapy and of learning and regularly practicing new skills in and out of sessions. While no guarantees can or will be made about therapeutic effects, outcomes, or length of therapy needed, therapy provides the opportunity for new personal awareness, growth, and healing as well as for learning new skills to assist individuals in their recovery and life journey. Still, therapy is not without its risks. It can be an

intense and challenging process, one that can bring up distressing memories and uncomfortable feelings like anxiety, anger, sadness, or shame. We can further discuss any concerns or questions you may have about the benefits and risks of therapy specific to your therapeutic work.

### **Session Fees & Length, and Insurance**

Out-of-pocket fee rates for services are set by RFC. These rates can be viewed on the RFC website, and in your Client Portal in the “Standard Fee Schedule” form. If you need an additional copy of this information, please do not hesitate to request one from myself or another RFC team member. It is possible my services may be covered by your insurance plan. RFC accepts most BCBSNC, Medcost, Aetna, and Carolina Behavioral Health Alliance (CBHA) healthcare plans. RFC can help clients better understand their benefits prior to starting therapy. Clients are ultimately responsible for obtaining and maintaining accurate information about their coverage during the course of therapy. If my services are out-of-network for your insurance plan, your insurance may still cover some portion of service costs. Payment for services will be discussed prior to and at your initial session. RFC accepts cash, credit or debit cards, HSA and FSA debit cards, and checks. Payments for services are generally processed at the end of the service date. Any returned checks will be subject to a \$20 service charge.

Typically, a first session for a new client lasts 60 minutes. Standard individual and family sessions are 55-60 minutes long. Group session lengths may vary based on group structure. Sessions may have additional time added to them in advance (up to a total of 120 minutes).

Any outside services I provide may have related fees applied to them, per RFC policy. For example, while attending or testifying in Court is not a goal of counseling, fees for this service will be charged if court attendance or testifying is required.

#### **I do not provide the following services:**

- **DWI or forensic assessments**
- **Custody or parental evaluations**
- **Emotional support animal evaluations or letters**

*I reserve the right to deny the provision of additional outside services based on clinical and professional discretion.*

### **Client Records and Confidentiality**

After our first session, your RFC client record will be created. If you choose to utilize your insurance to cover service costs, this client record may include a diagnosis (which we will discuss). Withholding information around diagnosis may be based on what is deemed clinically appropriate. Most insurance companies require a diagnosis of a mental health or substance abuse condition before they will pay for any services. Some conditions for which people seek therapy do not qualify for reimbursement. Any diagnoses made will become part of your RFC client record and your permanent health/insurance record.

I am participating in individual and/or group sessions of EMDR Consultation to facilitate competence in EMDR. The consultation is provided by Kelly Wedell, EdS, LCMHCS. Her contact information is kellywedellpc@gmail.com, 828-545-4103.

### **RFC follows Federal Confidentiality requirements as outlined by HIPAA.**

Confidentiality of your participation in therapy and the content of therapy sessions may be waived in the following situations:

- you or your legal guardian directs me in writing to disclose information to someone else;
- I or other RFC staff determine that you may face imminent risk of harm to self or others;
- there is indication of child, elder, or dependent adult abuse or neglect; or
- I am directed by court order to disclose information specific to the court order.

In addition to the above methods for maintaining your confidentiality, clients are strictly prohibited from recording any audio or video of in-person or telehealth (“online counseling”) sessions whatsoever. Please notify me if you choose to release your records for any reason so we can discuss what may be shared and a written release obtained. There may be times when I will consult with RFC providers regarding client care. This is to help ensure I am providing you with the best care possible and to enhance my professional growth. Information shared is limited to that needed to accomplish the purpose of the consultation, and other licensed therapists are also held to the same confidentiality standards as I am.

## Outside Relationships & Electronic Communication

Ethical and legal codes restrict me from engaging in any form of relationship with clients other than professional (including personal social media connections). This protects your personal rights and privacy. If you choose to engage with RFC social media accounts or content, you do so at your own risk, with the understanding your online interactions on such platforms are not confidential. Our time together will be most valuable if viewed as a working relationship. If we happen to see each other outside of counseling, I will not acknowledge or approach you. This is to protect your confidentiality and privacy. If you choose to approach and interact with me, I will not discuss clinically related information with you in public and may choose not to introduce you to others I am with in the situation - this also protects your privacy and helps ensure counseling work stays effective in session.

The use of electronic communication may be needed or preferred in some instances. These methods include phone (voice and text), email correspondence, and telehealth sessions. Although these forms of communication are very efficient, I cannot ensure that electronic communications are entirely secure and am not responsible for potential breaches of privacy that may result from your use of any digital or electronic correspondence. The **RFC Practice Policies** outline RFC practices regarding electronic communication in more detail. I do not provide therapy via text message, email, or other online chat tools. It is highly recommended that you do not communicate any sensitive or clinical information via text or email outside of our secure client portal system.

Clients should contact RFC via phone, email, or secure client portal with non-emergency information or concerns only. RFC utilizes HIPAA-compliant client portal for scheduling and direct client communication, so this is the preferred method of contact. I will usually respond to emails or messages within 24-48 business hours. I cannot guarantee immediate response to electronic communication and am not liable for any breach of data occurring as a result of client communication to RFC or me through electronic or digital means. Clients are discouraged to share information electronically if unintended disclosure of said information could have negative consequences for clients' lives.

## Emergency Situations

I do not provide after hours or emergency/crisis contact support through RFC. If you need urgent assistance, are experiencing a mental health crisis or emergency, please contact one or more of the following resources: call 911, Cardinal Innovations Healthcare Solutions (Forsyth County) 24/7 mobile crisis line - 800-939-5911, Daymark Recovery Services 24/7 mobile crisis response – 866-275-9552, call/text the Suicide and Crisis Lifeline at 988 (formerly known as the National Suicide Prevention Lifeline at 1-800-273-TALK/8255), text HOME to 741741 (Crisis Text Line), or go to the nearest emergency department. RFC provides clients with a list of emergency resources in the RFC Practice Policies and on our website at <https://www.redfishcounseling.com/faq> (click 'crisis resources' button at the bottom of page). I recommend you become familiar with these resources in the event of a situation where urgent assistance is needed. Additional emergency resources by NC County can also be found at [www.crisissolutionsnc.org](http://www.crisissolutionsnc.org).

## Complaint Procedure

My goal is to provide exceptional services to my clients, and I frequently seek and encourage feedback. If you are dissatisfied with my services or do not feel I am meeting your therapeutic needs, please inform me immediately. I try to address any concern clients voice as quickly and effectively as I possibly can. I will provide you with referrals if I am unable to meet your therapeutic needs or resolve your concerns. You may also discontinue therapy with me at any time or request a referral, which I will be happy to assist you with. While clients are encouraged to discuss any concerns with me, if at any point you believe I am in violation of the current American Counseling Association (ACA) Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>), you may contact RFC to discuss your concerns or file a complaint with the organization below:

### Contact RFC to discuss your concerns:

Redfish Counseling  
1022 W 1st St, Ste #203  
Winston-Salem, NC, 27101

**Email:** [office@redfishcounseling.com](mailto:office@redfishcounseling.com)

**Phone:** 336.914.3038

- OR -

### File a complaint with the organization below:

NC Board of Licensed Clinical Mental Health Counselors  
P.O. Box 77819, Greensboro, NC, 27417

**Phone:** 844-622-3572 or 336-217-6007

**Fax:** 336-217-9450

**E-mail:** [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

Acceptance of Terms

I, \_\_\_\_\_ agree to the terms of this Disclosure Statement and to abide by these guidelines.

(print name)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if client under 18) \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_