

Michael "Raúl" Brown, MS, Ph.D., LCMHCA

Client-Therapist Services Agreement

Welcome

This document contains important information about your therapist, your privacy, and our work together. It is important that you read this information carefully. Please let me know if you have any questions once you have read through it. Before treatment can proceed, you will be asked to sign this agreement.

Training and Licensure

EDUCATION

Michael "Raúl" Brown has completed a Master's of Science degree in Counseling Psychology at the University of Kansas (2009), with honors for his work on the use of narrative therapy to understand and treat sexual addiction and trauma. In addition, he holds a Doctor of Philosophy degree in Spanish from the University of Kansas (2005), with specialization in the use of theatre as a means of national narrative therapy for those suffering state-sponsored trauma resulting in PTSD. Beyond his work on trauma, he also writes about sexual orientation, identity, and society. Prior to his training at the University of Kansas, Dr. Brown completed all the requirements except for the thesis for a master's degree in Family and Child Development (emphasis Marriage and Family Therapy) from Virginia Tech. His training has prepared him to use many treatment modalities, allowing him to match the best approach with need at hand.

EXPERIENCE

Before beginning work on a Masters degree in Marriage & Family Therapy/Family & Child Development, Dr. Brown worked on a variety of grant programs of a therapeutic nature. These included services and interventions using larger systems therapy, play therapy, art therapy, solution oriented therapy, and various other modalities for youth and families at risk. After completing his coursework, he directed an Adventure-Based Therapy program for Seriously Emotionally Disturbed children and adolescents for two years and served as case manager for a college student adaptation and success grant program for one year. During graduate training, he worked for one semester with a diverse variety of client needs at the Christian Psychological Services Center of Kansas City (spring 2005). In addition, his therapeutic skills have been vital to helping students in adjustment and crisis during study abroad. He also served for one year as counseling psychology intern with the NC Art Therapy Institute. In all, Dr. Brown has worked, in English and in Spanish, with young children through older adults, couples, families, groups, and larger systems. Some of the issues with which he has helped clients include sexual orientation, trauma, crises of faith, depression, anxiety, anger, marital discord, adjustment, Aspergers, grief, career development, personal growth, and abuse.

LANGUAGES

Dr. Brown is fluent in both English and Spanish, with some novice abilities in Italian and Portuguese.

LICENSURE

Dr. Brown is a Licensed Clinical Mental Health Counselor Associate in the state of Carolina (license #A14365). He is not a medical doctor and, therefore, not authorized to practice medicine and surgery nor is he authorized to prescribe medications. Certain mental disorders can have medical or biological origins, so the possibility exists that you will be encouraged to consult with a physician to make our work together more productive. If you are already under the care of a psychiatrist, please be sure to complete that section of the in-take forms.

Services

ORIENTATION

Due to training in both psychology and marriage and family therapy, your therapist is prepared to assist you with a wide-range of approaches. As a follower of Milton Erickson, he places emphasis on matching the orientation of therapy to the needs and strengths of the client. Treatment may range from more traditional strategies, such as cognitive-behavioral or insight, to more recent and innovative methodologies, including hypnosis, Thinking-Feeling-Acting, Solution Oriented, expressive arts therapy, and adventure-based therapy. He borrows most frequently from narrative therapy and Internal Family Systems.

EVALUATION

Your first session with Dr. Brown will be used to evaluate your needs, to determine your goals, and to identify strategies for assisting you. You should feel free to ask as many questions as you have to make sure that the fit between you and your therapist is right. Building trust and rapport can take time, but not every therapist is the right match for every client; it is important that you gather the information that you need to help you to determine whether you think your therapist can help to meet your needs or if you would like to request a referral to see another counselor.

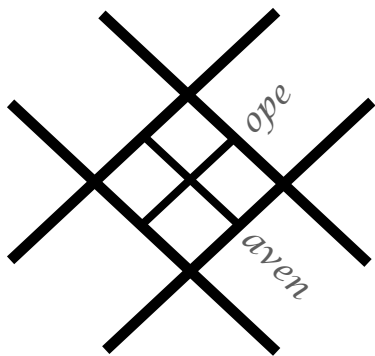


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SESSIONS

Meetings generally will take place in 53 minute sessions, in which the therapist collaborates with the client to meet his/her goals. Any deviations from this format will be agreed upon by client and therapist beforehand. Should a client need to cancel an appointment, s/he should do so with at least a 24-hour notice in order to avoid being charged for the session. Persistently missed sessions may result in termination of services.

PAYMENT

Sessions cost \$180 each and, unless other arrangements have been made previously, should be paid at the time of each session. (Cards cannot be accepted.) Currently, Dr. Brown can accept both Blue Cross/Blue Shield and the State Health Plan; he will start accepting Aetna soon. If you are using one of these plans, he will let you know your copay/coinsurance before the in-take session. He cannot process other insurance plans but will be glad to provide you with a monthly invoice to submit to your insurance company. Clients are responsible for paying full cost for missed visits or denied claims. On a case-by-case basis, a very few sliding scale openings may be available.

Confidentiality

DIAGNOSIS

Although people seek the assistance of a therapist for diverse reasons, many come into therapy seeking relief from a mental illness. In such cases, arriving at a diagnosis will help your therapist to best serve you and allow for insurance billing. The diagnosis becomes part of your permanent record.

CONFIDENTIALITY

Although your diagnosis will become part of your records, you should feel assured that what we discuss during your sessions and your records are held in the strictest of confidence. Although insurance reimbursement may require reporting of some information, such as diagnosis and progress, the details of what you say in a therapy session remains private.

EXCEPTIONS

You should be aware that certain circumstances may legally and ethically require that specific information be shared. In the event that a therapist becomes aware of child or elder abuse, he is obligated to report it to the authorities. Likewise, information indicating that you intend to harm yourself or others or that you are in danger of harm must be reported. In rare cases, a therapist may be compelled by court order to provide records or testimony.

Supervision

Dr. Brown is under the supervision of Hillary Rubesin, Ph.D., LCMHCS, REAT. Any concerns can be directed to her at hrubesin@gmail.com or (919) 381-6068. Most sessions are recorded for supervision with Dr. Rubesin. They will not be used for any other purpose without your permission.

Collaboration and Communication

WORKING TOGETHER

Therapy represents an investment of time, energy, and finances. To make the most of your investment, you will want to work as an active participant in the process. Dr. Brown will make every effort to collaborate with you in meeting your therapeutic goals and in communicating clearly, but it is equally important that you arrive on time to your sessions and engage in the work you will do there and possibly at home. If you have concerns or questions, it's always best to deal with them directly. Speak with your therapist about them during a session. That input will be valued.

REPORTING COMPLAINTS

As a safeguard for all North Carolinians seeking therapy, counselors go through a licensure process. Should you believe that your therapist has violated ethical protocol in some fashion, you can file a complaint with the the North Carolina Board of Clinical Mental Health Counselors by contacting them at PO Box 77819 Greensboro, NC 27417. You may use complaints@ncblcmhc.org or (336) 217-6007, also.

Your signature below indicates that you have received this disclosure statement, that your therapist has given you the opportunity to clarify anything that you do not understand, and that it will serve as an agreement of services between you and your therapist.

As your therapist, I commit to fulfilling the commitments made in this agreement to the best of my abilities, in an ethical and professional manner. Should I for some reason be unable to discharge my duties, I will make a suitable referral.

Name

Signature

Date

Name

Signature

Date