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I have a Masters Degree in Counseling Psychology from Goddard College in Vermont, which I earned in January 1996. I have been working as a counselor in this state since January 1995 (including my internship year) and I completed the requirements set forth to become a Licensed Professional Counselor (LPC #3203) in North Carolina in November of 1998. In December of 2011, I obtained licensure as a Licensed Professional Counselor Supervisor (#S3203).

I enjoy assisting children, adolescents, individuals, couples and families with self-esteem, grief, relationship, phobia, anxiety, sexuality, spirituality, birth and parenting issues. I also have extensive experience working with sexual assault, sexual abuse, trauma recovery and related issues.

People have always been central in my life and I carry this love of people, in all their diversity, into my counseling practice working in partnership with my clients to solve emotional, behavioral, and relational difficulties. My training as a Marriage Family and Child Therapist includes work with Somatic and Expressive therapies which address the way in which one's ideas about one's self are played out, via behaviors or interpersonal dynamics. There is a relationship between the body, mind, spirit and emotional states. Each affects the other. **Integral** means "Made up of parts that together constitute a whole." Together we will look at the "whole picture", locate your problem areas and create a plan to effect your desired changes. Techniques I use include: family mapping, family sculpting, gestalt exercises, DBT skills training, art therapy, CBT, Child Parent Psychotherapy, bibliotherapy, journaling, healing ceremonies, reflection, stress management techniques, mindfulness exercises, energy medicine, social skill building, supportive visioning and goal oriented action plans. I believe each person holds within them the power and knowledge to heal, grow, and change and that our best solutions reside within us.

An opportunity available to clients here is to benefit from healing ceremonies as taught to me by native elders. While these ceremonies and their effectiveness in healing predate even the concept of double blind studies there are no studies that I'm currently aware of to "scientifically prove" their effectiveness. Participation in these adjuncts to therapy is voluntary, as is the therapy itself.

Because of the subjective and qualitative nature of therapy and healing work I cannot guarantee specific treatment outcomes. Your involvement in your counseling is what makes it meaningful and productive, the more you put into it the more you will take

away. Together we decide on the frequency of sessions and when to terminate therapy based on the results in your life and the progress you are making. I encourage you to grant yourself permission to work through any feelings of discomfort that may arise in the context of therapy as that is often where the healing occurs. We can talk about it and find ways to increase your skills in the area of stress management, distress tolerance and self regulation. My job is to help the client to find the sparks of healing within him/herself and to fan the flames of her/his success. I welcome your questions and comments at all times.

There are risks involved with counseling, you could become happier and more effective in your life! Before that happens some people experience growing pains and shifts in their coping mechanisms that can impact their relationships and other life choices. There are times we feel worse before we feel better. Just like cleaning out closets in our home we often make a bigger mess before it looks better and the unused items are removed. Be prepared to go as deep and stir up as much dust as you are ready to clear away. I will support you by continuing to see in you the healed and highest functioning aspects of yourself that you may be learning to access and accept. I will offer you any skills I have learned along the way that could be helpful and make suggestions for adjunct work where appropriate. If your safety, or someone else's, is in jeopardy due to your emotional state I will do whatever it takes to ensure safety leading up to and including hospitalization (although I have very rarely had to do this!). I will assist you in finding or regaining the balance in your life that may have been lost along the way.

BUSINESS POLICIES AND PROCEDURES

Appointments

Your session will last 55-60 minutes. That time is reserved for you and is difficult to fill on short notice. If your appointment time needs to be canceled or rescheduled please do so as soon as you become aware, **but certainly within 24 hours of the scheduled time by leaving a phone message** (email is not reliable). **There will be a regular session charge for missed appointments and last minute cancellations (without 24 hour notice) unless a genuine emergency is at cause. I reserve the right to discontinue treatment after three no shows or late cancellations without 24 hour notification. I will, of course, assist in locating a new therapist.**

Confidentiality

Confidentiality is the cornerstone of a strong counseling relationship and is maintained at all times. This applies to child clients as well as adult clients. While legally parents have a right to know what happens in their child's session, children many need some privacy to be able to confide in a therapist. It is my policy to have children choose what they wish to share with parents so that the relationship of trust that children depend on with me can be protected. I will, however, work with parents to understand the child's issues and possible solutions for their family's situation in joint sessions or in sessions with the parents without repeating what their children tell me. I encourage the child client to share important information with their parents with my support as they are ready and able so that their relationship is strengthened in the process.

To provide consent for treatment for a child you must either have sole legal custody OR shared legal custody OR legal guardianship. By signing below you are stating that you have the legal right to consent for this child. If you are divorced and share legal custody by signing below you are stating you have told the other parent, or will tell the other parent promptly that you have brought the child to me for services. If you fail to do so, you may violate your court order. I also will need to have a copy of any court orders pertaining to custody and parental delineation of duties and responsibilities regarding medical and mental health services and supervision of children.

When working with children, the parent who initiates the services is responsible for payment unless a signed written agreement divides the burden of payment between parents, or places it on the other parent and I would need a copy of that legal document. Fees for collateral sessions with parents of child clients will also be due at the end of the session. Should a situation arise where I need to consult with a physician, teacher, or other professional, fees and services are outlined below.

There are, however, a few situations in which confidentiality can/must be broken; these exceptions are:

- The Hipaa laws allow for health care providers to communicate for continuity of care purposes. I will request that you sign a “*Release of Information*” consent form out of respect for your privacy and to verify your consent. 1) Release/Disclosure of information may only occur with a consent *unless* it is an emergency as detailed in NC General Statutes 122C-52 through 122C-56. 2) That the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily. 3) That confidential information may not be disclosed without written consent when federal statutes prohibit that release.
- If abuse or neglect of a child or an elder, is disclosed or suspected, the law requires that it be reported to the proper authorities to keep people safe.
- If the therapist believes that a client poses a threat of serious or foreseeable harm to self or others, the proper authorities must be contacted to prevent that occurrence. I reserve the right to seek emergency care on your behalf if necessary to save your life or someone else’s.
- In legal situations, client/therapist information is privileged except when mental status is an issue *or* if a judge declares this information necessary for the administration of justice and a court order is issued.
- In regards to work that is offered as adjuncts to therapy, confidentiality is maintained unless an authorization to disclose information is signed.
- An ethical and educational requirement for therapists is to receive supervision as part of their certification and licensure requirements. I receive supervision where I discuss pertinent issues that arise in cases without revealing any identifying information about clients.
- I cannot guarantee the security of messages that are sent to me via email, so I encourage you to not send me emails regarding your counseling. If you choose to communicate about confidential matters via email I will request that you sign a

release to that effect (see bottom of form). I do now have a secure messaging system and can make that available if emailing is essential.

- If you wish to receive notices of classes, workshops, and ceremonies happening here please let me know by signing the release at the bottom of this form, or check the box to say no.
- In the event that I should die or become incapacitated my clients will be notified of the location of their medical record. In the event my client dies or becomes incapacitated, I will exercise the same degree of confidentiality afforded them in life.
- A copy of your medical record can be obtained by requesting it in writing and a minimal fee to cover the copying cost may be charged. In the event you request your record I prefer to meet with you to review it together to answer any questions you have. Typically a written summary is more useful to a client and can also be provided upon written request. I do need to charge for my time in writing a through summary of treatment.

Dual Relationships

The code of ethics for counselors forbids dual relationships between therapists and their clients. This is to ensure safe and effective treatment of the client and her/his concerns. While I do all I can to create an environment of equality and respect, counseling is designed to focus on the issues of the client, not the therapist. I, therefore, do not engage in social or business relationships with my clients. Needless to say, any romantic or sexual involvement is out of the question. Any such overtures toward me will be discussed in the therapy until understood and resolved or a referral will need to be made.

Participation in any groups, classes or workshops is a decision to be made based on your clinical needs and progress. If I feel you and the group would benefit by your participation we can discuss that on a case by case basis. If you do participate in any of the classes, workshops, or groups that I offer for healing and growth, I will maintain your confidentiality. You are free to tell people whatever you like about your own life and healing path but confidentiality is strictly kept even in group settings.

Fees and Insurance

At this time I offer an adjustable fee scale if not using your insurance of:

\$155.00 to \$140.00 for intake session (60 mins)

\$210.00 to \$165.00 for intake session (90 mins)

\$125.00 to \$75.00 for individual counseling (60 mins)

\$190.00 to \$140.00 for individual counseling (90 mins)

\$ 95.00 to \$70.00 for individual counseling (45mins)

\$ 62.00 to \$40.00 for individual counseling (30 mins)

\$140.00 to \$125.00 for family counseling (60 mins)

\$210.00 to \$140.00 for family counseling (90 mins)

Fees are payable in full at the end of each session by cash or check. I am not equipped to take cards of any kind at this time. For self pay clients an amount in this range commensurate with your ability to pay will be mutually decided upon by you and me ahead of time and written into this contract. All other payment arrangements must be agreed upon prior to your session please.

Insurance: You will be responsible at the time of treatment for the co-pay or co-insurance amount designated by your plan. These generally apply only after any applicable deductible has been met. This means that if you have a deductible to meet you must pay my entire contracted rate with your insurance carrier until the deductible is paid off. Then the co-pay/co-insurance applies until your total out of pocket has been met. Then the insurance often pays the entire amount but that is rare. All insurance pays based on “medical necessity” only. If you plan to submit the insurance claim yourself for reimbursement on out of network claims I must charge the top of my sliding scale rate. **If your insurance company denies the claim then you become responsible for the entire amount of my contracted rate with the insuring body just like in any other medical practice.** This is rare but can happen especially in these times of great change in the health care system or if your premium has not been paid. I will continue to bill your insurance as a service to you, as long as it remains feasible given the many changes facing practitioners today. This could change in the future. In the event that my policy changes all of my clients will be notified. **Should you choose to use your insurance, it is my obligation to inform you that a diagnosis is required by the insuring body. This diagnosis will become a permanent part of your and my medical records.** The insurance company can require copies of your record at any time and I could be obliged to provide that. I will always do everything I can to protect your confidentiality but could be required to supply clinical information regarding your claims. The choice to pay out of pocket to preserve optimum confidentiality remains yours.

Informed Consent: Fees

- **Meetings** attended on your behalf (with schools, treatment team, etc.) are billed at **\$125 per hour**, including travel time. Between session emergency phone calls, after the initial 10 minutes, are billed at **\$125.00 per hour** and if they become a frequent occurrence I will recommend sessions more often with less time elapsing between them and/or complimentary therapies as needed.
- **Depositions and Testimony** as fact or expert witness: **\$295.00 per hour** including time preparing for and giving deposition. Travel to and from court are charged at **\$125.00 per hour**. These fees are due in advance and/or day of service based on estimated time required in fifteen minute increments.
- **All Other Services:** this includes phone calls on your behalf, letters, providing documentation (plus copying cost), email, and telephone consultation are billed in 15 minute increments at **\$40.00 per hour**.
- **Any time and money spent recouping costs for unpaid bills** will be charged at **\$40.00 per hour**. If a collection service or attorney is required to recoup cost, you are responsible for these charges.

Telephone and Emergency Policy

I return calls within 24 hours whenever possible. You are free to leave a message on my confidential voice mail(s). Be sure to indicate if it is an urgent matter, the time of your call, and when and where I can reach you. Also, please let me know if I can leave a message, or not, when I return your call. If you wish for me to return your call please make sure your phone can receive messages. For calls of ten minutes or less there is no charge. I reserve the right to charge **\$125.00/hour in fifteen minute increments** for calls lasting longer than ten minutes. If lengthy calls are frequent, during a period of crisis for example, I will most likely recommend less time in between office visits. I will do my utmost to provide you with a designated back-up therapist to handle emergencies in the event of my absence. In order for me to text you, you must sign the release below.

If you are in urgent crisis and I cannot be reached (**my cell phone is 919 618-4919**) please call your local emergency room psychiatrist or crisis team on staff. These numbers were given by each facility:

UNC Hospital Emergency: Daytime (919) 966-5217 Afterhours: (919) 966-2166 (pager)
Duke Hospital Emergency: (919) 684-8111 and request psychiatrist on call
Durham Regional Behavioral Health Emergency Line : (919) 470-6137
Alamance Regional Hospital Emergency Room : (336) 538-7050

Complaints

I am bound by the ethical codes for all Licensed Professional Counselors and gladly abide by these guidelines out of respect for you and me. If you are dissatisfied with any aspect of our work, please notify me immediately. It is my goal and obligation to work with you to the best of my ability. If I do not feel, or you do not feel, the services are helping, and we have discussed this, I will gladly assist you in seeking an appropriate referral. If you feel you have been treated unfairly by me (or any other LPC), and cannot resolve this directly, you may contact: North Carolina Board of Licensed Professional Counselors at PO Box 77819 Greensboro, NC 27417 or (844) 622-3572 or (336) 217-6007 for clarification of clients’ rights or to report a complaint.

Please read and sign this form:

I have read these business policies and understand and accept the policies as described. I understand that, irrespective of insurance, I am responsible financially for services rendered and that payment is due in full each session unless otherwise agreed upon. In signing this form I give my permission to release information to my insurance company to process claims for payment. I understand that I will be charged for appointments canceled with less than 24 hours notice unless a true emergency has arisen.

I will pay _____ per session as agreed upon with my therapist.

Signed: _____ Date: _____
Client

Signed: _____ Date: _____
Therapist

I choose to communicate with Ms. Lieberman via email and/ or texting and I take responsibility for the fact that this could compromise my confidentiality. I will not hold Ms. Lieberman responsible for any breach of confidentiality due to my choice to communicate via email and/or texting.

Signed: _____ Date: _____

I wish to receive email notices of classes, workshops and ceremonies that are held at the offices of Integral Counseling Services or by Miriam Lieberman, MA, LPC.

_____ Yes, Please add me to your mailing list.

If yes, Email Address: _____

_____ No, I prefer to **not** receive any emails.

Signed: _____ Date: _____

Feel free to ask for clarification about anything mentioned above or to ask any other questions you may have. I look forward to working with you!
Miriam Lieberman, MA, LPCS *revised Sept 2016*