

Informed Consent

Jesse Lile, PhD, LCMHC, LMFT

This document is intended to provide you with information about me (Jesse Lile), your counselor. It is a necessary document to inform you about my qualifications for this work through my educational and work background; it is also intended to give you a better understanding of how I work as a counselor, and therefore what you can expect in your work with me.

Background

I have a PhD in Counselor Education from Virginia Tech (2012) and a Master's degree in Marriage and Family Therapy from Appalachian State University (2006). In addition to these degrees I am licensed to practice as a Clinical Mental Health Counselor (LCMHC- #6731) and a Marriage and Family Therapist (LMFT- #1247) in North Carolina and have over 17 years of counseling experience. I work with individuals, couples, and families in addressing challenges, and have a primary focus on working with couples to address relational difficulties that they are facing. My goal is to preserve and expand relationships, helping couples to grow together through life challenges in a way that is mutually beneficial and supportive. In this way my intention is not only to help couples overcome relationship difficulties, but to also cultivate their relationship into the source of strength, hope, and life that each person needs it to be. My work with individuals focuses on fostering growth and development, helping individuals to address and navigate the challenges of life that may inhibit this growth.

Counseling Services

Sessions are typically 1 hour in length unless otherwise agreed upon, and fees for this service are due on the date they are provided. The fee per session is \$145, and I do not work with insurance agencies. I accept payment in the form of cash/check/or credit. I am also authorized to receive payment from HSA and FSA cards for health related services.

As a part of the counseling process, we will work together to establish appropriate goals and periodically evaluate our progress toward those goals. In my work I strive to attend to and utilize the relationship that I share with clients to address the presenting problems and concerns that we agree to work on. This reflects what is called an Interpersonal Process approach to my work, which draws from family systems theories, client-centered counseling, and developmental and experiential frameworks.

Issues that I have received training and/or supervision to work with include interpersonal issues; marital, premarital, family and parenting issues; and challenges manifesting as grief, mood disorders, and anxiety disorders, which result from and are amplified by relational and societal difficulties. If at any time you require services, which are outside the limits of my professional abilities you will be offered an appropriate referral.

Any clinical notes and/or diagnoses which may be established over the course of our work together become a part of the client's confidential record. Client confidentiality is a primary priority and will be maintained. For your safety and the safety of others, there are legal and ethical exceptions to this confidentiality. These include: 1) When there is the danger of harm to self or another (including the contagion of life-threatening diseases), 2) if there is suspected child or elderly abuse or neglect, 3) if a court orders the release of confidential information, 4) if the Department of Social Services (DSS) is involved and requires information, 5) when the parent of a minor child requests information, and 6) when a client has signed a Release of Information.

Grievance Procedures:

In the case that you feel the need to report something about my work that is of concern to you, you may do so to the following:

North Carolina Board of Licensed Clinical Mental Health Counselors
Po Box 77819
Greensboro, NC 27417
(336) 217-6007

NC MFT Licensure Board
Po Box 5549
Cary, NC 27512
(919) 336-5156

Please sign below to indicate that you have received and read a copy of the HIPAA notice of privacy practices form, and that you have read and accept the terms of this informed consent document.

Counselor Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____