

# **John Penn Turner, M.S., LPC, LSATP, NCC**

## Professional Disclosure Statement

### **INTRODUCTION TO COUNSELING SERVICES:**

This introductory material (as well as the client agreement form which is enclosed) serves to clarify policies and reduce potential confusion so that your counseling process can be more effective in assisting you with changes you want in your life.

### **ABOUT JOHN PENN TURNER, LPC/LSATP**

#### **DEGREE:**

December 1994 MS in Rehabilitation Counseling Specialization in Addiction Services Medical College of Virginia – Richmond, Virginia.

#### **LICENSES:**

Virginia-	Licensed Professional Counselor	LPC	0701002755 Expires 6/30/23
New Mexico	Licensed Professional Clinical Counselor	LPCC	0169391 Expires 9/30/22
New Mexico	Licensed Alcohol & Drug Abuse Counselor	LADAC	0169401 Expires 9/30/22
North Carolina-	National Clinical Counselor	NCC	312596 Expires 6/30/23

#### **EXPERIENCE:**

From 1994 to 2003, I worked for a variety of agencies/organizations (**INPATIENT HOSPITAL-BASED, OUTPATIENT PUBLIC MENTAL-HEALTH & PRIVATE PRACTICE**), and from 2003 to the present I have been with Albemarle Counseling Associates, PLLC.

### **DESCRIPTION OF COUNSELING SERVICES:**

Counseling resources are available by appointment only and include individual, couple and group counseling. I do not offer testing, medication or hospitalization services. When these services are needed, however, I will coordinate the appropriate referral.

Counseling services are designed to help individuals gain insight into personal issues, concerns and problems resulting from being in a complex and sometimes difficult world. The focus of my work is on developing skills necessary to deal effectively with life's issues and personal transitions. It is my responsibility to listen, to understand and be helpful. A helping professional cannot solve a client's problems. Instead, the counselor assists with learning coping skills and increasing one's potential as a fully functioning, continually developing and always unique person.

The client's responsibility is to help the counselor understand the client's life situation, thoughts and feelings and to be honest in the therapy relationship. The client needs also to challenge herself or himself to try new methods to manage problem areas. A commitment to practicing the skills learned in the therapy session between sessions is highly encouraged.

The relationship between counselor and client is confidential and protected by the ethical code of the counseling profession except where limited by law (see the client agreement form for clarification).

**My office number is 434.978.3900. I will not 'friend' you on ANY social media. I will not TEXT with you.**

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Service	Length of Service in MINUTES	BILLABLE or NOT for Insurance/EAP	Fee
<b>CLINICAL SERVICES</b>			
Initial Evaluation	50-75	YES	\$150.00
Couples	50	NO	\$150.00
Individual	45/60	YES	\$150.00
Court Appearance <i>For any reason related to your treatment. (Per Hour/ Minimum of 4 hrs.)</i>		NO	\$350./ hr
<b>PHONE CONSULTATION</b>			
Less than 15 Minutes	<15	NO	\$0.00
15-30 Minutes	15-30	NO	\$65.00
30-50 minutes	30-50	NO	\$150.00
<b>No Show or Late Cancellation (Late is considered less than 24 hrs prior to session)</b>			
Couples	50	NO	\$150.00
Individual	60	NO	\$150
<b>MISC items</b>			
Returned Check Fee			\$50.00
<b><i>We do not offer a sliding scale.</i></b>			
<p>All bills are considered the responsibility of the patient or guardian, and payments are due the day of services unless other arrangements have been made.</p> <p>By signing this form you acknowledge that your therapist has permission to share any and all necessary information that is required in order to bill and collect fees for services. to the appropriate billing agency including but not limited to your insurance company, 3rd party billing agency, collections agency, etc.</p>			
We accept- Check & Credit Cards. <b>Payment is due at the time of service.</b>			

### **CONFIDENTIALITY:**

For the purposes of billing your insurance company and documentation of services and treatment planning I will be making a diagnosis as indicated by your needs/issues. Your personal health information is protected by HIPPA and (Federal Regulation 42 CFR). Your personal information will not be shared with anyone else unless you direct me to do so with a **SIGNED RELEASE OF INFORMATION** indicating the information that you want share and with whom you want the information shared.

#### **There are some exceptions:**

If you share intent **to harm yourself or some other person** or **if there is an indication of child or elder abuse**, I will release the information that is necessary to protect you/others. **If there is a court order**, I will provide the information that they request to the appropriate authorities or agency.

### **PROCEDURE FOR REGISTERING A COMPLAINT**

**VIRGINIA:** Virginia Residents treated in VA  
Virginia Board of Counseling  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond VA 23233-1463  
Voice 804.662.1717  
Online: [www.dhp.state.va.us](http://www.dhp.state.va.us)

**NEW MEXICO:** New Mexico Counseling and Therapy Practice Board  
PO Box 25101  
Santa Fe, NM 87504  
Voice (505)-476-4622  
Fax: (505) 476-4645 or by  
Email: [counseling.board@state.nm.us](mailto:counseling.board@state.nm.us)

Online: [www.ncblpc.org](http://www.ncblpc.org)

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_