

Professional Disclosure Statement

Thank you for choosing me as your counselor. This document is designed to inform you about my background and to insure that you understand our professional relationship.

I hold a Master's and Educational Specialist dual degree in Marriage and Family Counseling from the University of North Carolina, Greensboro, received in 2002. The graduate program I completed is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). I have been providing counseling services within a professional clinical setting since May of 2003. I am licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors (LCMHC #4897), and I am certified by the National Board for Certified Counselors (NCC #80007, CCMHC #80007). Please note that the practitioners in this location, including myself, are not part of a group practice; instead, we are each independent practitioners sharing an office building.

Counseling Services Offered

Since the effectiveness of counseling outcomes depends on client effort, you are responsible for working with me to develop and define achievable counseling goals. Self-awareness, self-acceptance, self-directedness, and effective interpersonal behavior are goals that sometimes take a long time to achieve, and it is impossible to guarantee any specific results regarding your counseling goals. While some clients may need only a few counseling sessions to feel complete, others may require months or even years of counseling. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

I work with a variety of adults, adolescents, and children, as well as couples and families, whose problems range from depression and anxiety to stress from normal events and relationship issues. I will refer clients who, in my professional opinion, I believe would benefit from a provider with a different specialization area.

My approach to counseling and psychotherapy is a collaborative one, and is based in constructivist theory (Kelly), existential-humanistic theory (Rogers), psychodynamic and Adlerian theory (Yalom, Adler), systemic theory (Minuchin, Satir), and cognitive-behavioral theory (Ellis, Meichenbaum).

Confidentiality

Your privacy and confidentiality are of the utmost importance to me. The information you share about yourself and your concerns is considered to be confidential and will not be shared with anyone without your consent except in extreme circumstances. These exceptions include: (1) when I believe a child, elder, or disabled person has been or will be abused and/or neglected; (2) in the event of a court order or other legal process; (3) when I believe you intend to harm yourself or someone else. The state of North Carolina requires that any information regarding abuse of a child or dependent adult must be reported to the county Department of Social Services, which will investigate the situation.

Explanation of Dual Relationships

It is important for you to realize that we have a professional, rather than a personal or social, relationship. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way outside our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

Scheduling Sessions

Sessions usually last 50-60 minutes unless otherwise arranged. To schedule, change, or cancel an appointment, please call 336-686-3555. If you cannot keep an appointment, I require that you provide notice at least 24 hours in advance to avoid being charged. Cancellations made fewer than 24 hours in advance incur a fee of \$45. "No Shows" and cancellations made fewer than 2 hours in advance incur a fee of \$85. Please note that **you alone, not your insurance company**, are financially responsible for any charges incurred due to late cancellations and/or "no-shows." **Please make cancellations via telephone, not email!**

Client Emergencies

My counseling services are limited to the scheduled sessions we have together. In the event you feel your mental health requires emergency attention or if you have an emotional crisis, you may contact me at 336-686-3555. If you are unable to reach me or your doctor, in Guilford County you may call the Mobile Crisis Line at 1-877-626-1772. You also may contact the emergency room of a local hospital and request mental health services.

Methods of Payment and Insurance Reimbursement

My standard fee is \$125 per 60-minute session (\$145 for couples), and \$175 for the initial assessment and for 75-90 minute sessions. These fees are \$105 (\$125 for couples) and \$150, respectively, if the client pays "out of pocket" (i.e., no insurance-related filing or reimbursement is required). I request that you pay for each session at its conclusion. Cash, money orders, personal checks, credit cards, and FSA cards are acceptable for payment, and I am happy to provide you with a receipt upon request.

If you wish to seek insurance reimbursement for my services from your health insurance company, I will be happy to assist you. I will ask you for information pertaining to your policy and a copy of your insurance card. Please note that health insurance companies usually require a diagnosis indicating that you have an illness before they will agree to reimburse you. This diagnosis will become part of your record. Please let me know if you have any questions or concerns.

Note that you are responsible to know about your particular policy, any deductible that should be met, required treatment updates, and authorization and pre-certification procedures your carrier may require. Please remember that you, not your insurance company, are responsible for paying fees for my services. You will be billed for the balance on your account.

Technology & Social Media

My practice maintains a business Facebook page and may add other social media venues in the future. You may also find my therapy practice on sites or forums in which users rate their providers and add reviews. If you choose to "like" or follow my Facebook page, or if you choose to write a review about my practice, please keep in mind that you may be sharing personally revealing information in a public forum, and I urge you to take appropriate steps to ensure your privacy and protection.

Complaint Procedures

In the event you are dissatisfied with my services, please inform me immediately. If I am not able to resolve your concerns, you may contact the North Carolina 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; Email: LCMHCinfo@ncblcmhc.org). This information is also on my website.

By signing this document, you indicate your understanding that participation in the counseling/therapy sessions is voluntary and that you may terminate treatment at any time. If you choose to terminate your counseling/ therapy sessions, you agree to inform me of this decision and agree to meet with me for one final session for treatment termination planning.

By signing this document, you indicate that you have read, understood, and agreed to the information included in this document, and that any questions you have in regards to this form have been answered to your satisfaction.

Signature of Client

Date

Signature of Counselor

Date