

Professional Disclosure Statement Information and Consent

Qualifications/Experience

I welcome you and/or your family, and I am looking forward to working with you. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

I am a North Carolina Licensed Clinical Social Worker (#C004793) having earned my Master of Social Work (MSW) from the University of South Carolina in Columbia. My experience includes working with adults, children, adolescents, and families in inpatient, outpatient, community and day treatment settings since 1996. I have worked for well-known behavioral health centers including CMC-Behavioral Health (Charlotte, NC), The Catawba Mental Health Center (Rock Hill, SC), The Willows at Amethyst (Charlotte, NC) and The Family Center (Charlotte, NC) now of Alexander's Youth Network. Additionally, my work with area public/private schools and local colleges has enhanced my ability to serve students with school-related concerns.

Nature of Counseling

I believe you can make more educated decisions about entering counseling if you have adequate information and understanding about how counseling works. Here are some aspects of counseling as I see and practice it.

I am nationally certified in Cognitive-Behavioral Therapy and support the concept that what we think, affects how we feel, which in turn effects how we act. This concept knows no age limits nor does it discriminate based on gender, race, or ethnicity. Therefore, I believe my role is not to "fix" individual problems, but instead to strengthen cognitive functions so that individuals can change behaviors in an effort to positively impact future challenges in their lives. Additionally, I believe that it is important, when appropriate, to collaborate with other helping professionals in the community to ensure all resources are being properly employed. Thus, I will gladly correspond with teachers, physicians, and other caregivers with written consent. I utilize a variety of therapeutic strategies depending upon the age, developmental stage, and unique needs of individual clients with an overarching strengths-based perspective. My counseling approach is one that is grounded in cognitive-behavioral, mindfulness practice, child-centered, and family systems theory. I believe that healthy families create opportunities for optimal child development. Expressive arts therapy (music, art, play) are included in my practice, and I employ those techniques with whomever finds that medium most helpful. In short, I concentrate on strengths and resources to help individuals and families build upon their own successes and establish strong personal, family, relational, employment and community bonds.

Counseling should be considered a professional and healthy relationship where you are encouraged to set the direction of each session as you share your ideas, concerns, thoughts and feelings about yourself and your situation. Your purpose for counseling will help us set realistic and obtainable therapeutic goals which will help move you towards personal growth. Your goals are individualized and can change through the therapeutic process as your needs change. In sessions, we may sometimes discuss past events and relationships, but will do so as a means to make changes in the present. If counseling is to be successful, your active involvement in and out of session is needed. Accordingly, I frequently assign tasks during and between sessions. I believe that these tasks will help you become increasingly more equipped to resolve issues during and after the counseling experience with me has been completed.

The therapeutic environment is intended to be safe, honest and respectful. I encourage you to speak openly and freely about any concerns you have, especially with regards to our progress or the sessions themselves. Likewise, I will also be honest and straightforward with you. The counseling relationship is a psychologically intimate, but strictly professional relationship.

It is my commitment and a requirement of my licensing board that our relationship is limited to our counseling sessions and necessary telephone or email contacts. Therefore, if I see you in public, out of respect for your privacy and confidentiality, I will not acknowledge that I know you unless you initiate conversation.

NC Statue 90-343 entitles you to this statement of my professional background to ensure that you understand the therapeutic relationship and process. If at any time you are dissatisfied with my services, please let me know as soon as possible. Communication is one of the keys to a healthy and strong relationship. Should you and/or I believe that a referral is needed, I will provide you with some possible referral sources. A verbal exploration of alternatives to counseling will also be made available to you upon your request. While it is impossible to guarantee any specific results regarding your counseling goals, I assure you that services will be rendered in a professional manner consistent with acceptable ethical standards. If you feel that you have been treated unfairly or unethically and cannot resolve this problem with me, you can contact the North Carolina Social Work Certification and Licensing Board at (800) 550-7009 or Disability Rights at 919-856-2195 for clarification of client's rights or to lodge a complaint.

Fees and Billing Procedures

Individual counseling sessions are 50-60 minutes in length with a fee of \$120 per session. Any additional services (consultations with attorneys, psychological reports, letters, and phone calls lasting more than 15 minutes) will be prorated at the hourly rate. Cash and personal checks are acceptable forms of payment.

Fees are paid at the conclusion of each session, including co-payments for third party reimbursements. I will provide you with a receipt for fees paid upon request. I will file claims for clients with in-network benefits. However, clients with out-of-network benefits will be responsible for filing their own claims unless otherwise negotiated.

In order to file claims with your insurance carrier I am required to provide a diagnosis. Not all diagnoses are covered under insurance, and when a diagnosis is given it becomes a part of your health records. Please be advised that when you file with insurance you may be placing yourself at risk of being diagnosed with a pre-existing condition. This may present challenges for future healthcare coverage.

If you cannot attend a scheduled session, please call me **24-hours** in advance to cancel. **Missed appointments without a 24-hour notice are the responsibility of the client, and a missed session fee of \$60.00 will apply (with the exception of Medicaid clients). A \$35 processing fee will be assessed for returned checks.**

Records and Confidentiality

Information about you will not be disclosed without your prior knowledge and written consent. However, some limitations to this confidentiality do exist:

1. **Threat to yourself or others.** If you inform me that you intend to inflict harm upon yourself or others I am required by law to take actions necessary to prevent harm to any involved party. This includes the obligation to warn any person who may be placed in imminent danger by your actions.
2. **If mandated by a court of law.** If you are involved in any court/legal proceedings I may be subpoenaed to testify regardless of your consent. If required to appear in court, there will be an hourly consultation fee for your therapist's time.
3. **Abuse.** If I am made aware of potential or actual occurrence of abuse or neglect I will be required to report this to the Department of Social Services.
4. **Insurance Claims.** Information about your treatment and diagnosis may be shared with your insurance company in order to pay claims.
5. **Supervision.** This counselor has a policy of supervision to help guarantee quality of service to you. Consequently, our case may be discussed with other counselors in supervisory group. Confidentiality is maintained by not disclosing any identifying information.
6. Therapist has sole access to client records only. No other entity has access to client information.

Consent for Treatment

- I acknowledge that I have received and read the above in its entirety.
- I am informed about the policy regarding confidentiality of information I may disclose during counseling and the limits of that confidentiality.
- I understand that no promises have been made to me as to the results of treatment provided by this therapist.
- I am aware that I may stop treatment with this therapist at any time.
- I understand that I will be charged based on the amount of time with my counselor and that I am responsible for payment at the time services are rendered. I understand that if payment for services is not made, the therapist may stop my treatment and my bill will be sent to a collection agency.
- I know that I must give 24 hours notice before canceling or rescheduling appointments to avoid being charged.
- I understand that whatever I discuss in treatment will be kept confidential with the exception of the conditions listed in the records and confidentiality section.
- I am aware that information about my treatment may be shared with my insurance agency or other third party payer and I authorize the release of any medical or other information necessary to process a claim.

With agreement and full understanding and of these provisions, I give my consent to receive counseling services.

Signature of Client or Parent/Guardian

Date

Printed name of Client or Parent/Guardian