LCMHC Professional Disclosure Statement
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My Qualifications
I earned a Master of Arts in Clinical Mental Health Counseling from South University in 2016. I am a Licensed Clinical Mental Health Counselor(LMCHC), License Number:14868. I have worked in the counseling field since 2015. I have worked in the mental health field since 2009 as a mental health tech, program manager, and mental health case manager in residential programs and day treatment.

Counseling Background

I have experience working with men, women, and children in individual, group, and family settings, providing support to those struggling with a variety of emotional, psychological, and behavioral concerns, including but not limited to: Depression, anxiety, trauma, relationship issues, job stress, grief, life transitions, and other mental health conditions. I have extensive history working with families and adolescents involved in juvenile justice.

I practice from a strengths-based and person-centered perspective with a focus on trauma informed care. I utilize various techniques and interventions including but not limited to play therapy, mindfulness, cognitive behavior interventions, and solution focused interventions. These approaches will allow me (the counselor) to assist you (the client) in exploring your behaviors and your need to change your undesirable behavior. Overall it is my duty to create a safe, judgment free, and comfortable environment in which the client feels free to speak openly and develop self-awareness and growth. I will also use techniques such as play therapy, role play, journal writing, and guided imagery, and art therapy.

The most important thing to remember is that this is a collaborative relationship that includes the development of a trusting relationship that includes the development of goals to address your specific situation and plans to achieve your personal goals. Please note that as a counselor I do not prescribe medication. If it becomes necessary a referral will be made to an appropriate person such as a doctor or the local Behavioral Health Center to meet that need.

Session Fees and Length of Service
Sessions are 55 minutes and are $195.00 or 45 minutes for $165.00 per session by cash, check, and debit/credit. For organizations with which I may be affiliated, cost per session, accepted insurance, and payment methods will be provided prior to the first appointment. Please contact the organization directly if you have any questions about insurance or payment options.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. As part of the supervision processes I may discuss your case and share records and other materials with my supervisor.

Complaints

If you are not satisfied with any aspect of the services you have received from me, I encourage you to discuss any concerns with me, my supervisor, Bonny, or administration at Alexander Youth Network. You will also be provided information on the agency's Consumer Grievance Procedure. You may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

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
E-mail: Complaints@ncblcmhc.org

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Guardian: _____

Client: _____

Counselor: _____ Date: _____