
This professional disclosure statement is intended to provide information about my education and experience relevant to my work as a professional counselor in the state of North Carolina. If you, the client, have any questions about this information, please feel free to ask me.

Education and Professional Affiliations

I received my Master of Arts in Counseling in 2004 from Gordon-Conwell Theological Seminary in South Hamilton, Massachusetts. I have been a licensed professional counselor in the state of North Carolina since August 26, 2005 (License #5019). I am also a Certified Anger Management Specialist-I through the National Anger Management Association. I became a Licensed Professional Counselor Supervisor in August 2013 (License #S5019).

Professional Experience

Most of my career has been spent providing individual and group psychotherapy in an outpatient setting to adult clients who have a variety of diagnoses. I also have experience working in both emergency services settings and the jail, evaluating adults and children experiencing psychiatric crises, and providing crisis counseling.

My expertise is in working with adults and older adolescents (age 16 and older) around the following issues or symptoms: anger management, depression, anxiety, mood disorders, grief and loss, life changes, relationship difficulties, coping skills, and past trauma or abuse. I also have years of experience working with dual diagnoses and personality disorders. I particularly enjoy helping clients explore how their values and spiritual beliefs can help them improve their mental health.

Theoretical Orientation and Counseling Techniques

I believe that all individuals are unique and valuable, and I endeavor to treat all of my clients with compassion, respect and acceptance. I believe that it is a privilege to walk alongside individuals during difficult seasons in their lives as they seek to grow and/or heal.

My approach is grounded in the beliefs that:

- The relationship between the counselor and the client should be a safe, confidential place where the client is enabled to enact change, grow, and heal.
- Good mental health involves the whole person: body, mind, emotions, and spirit.
- The counseling experience is a **process** towards growth and healing that requires an investment of time and energy on the part of both the client and the counselor.
- Identifying and setting reasonable goals is essential for measuring growth and providing accountability. Goal-setting includes examining the client's hopes and desires for the counseling process and collaborating to establish realistic, tangible objectives.

My counseling approach integrates a variety of theories including elements of cognitive-behavioral therapy, existential therapy, systems theory, dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT). The techniques I may use include personal story-telling, exercises to improve communication skills, skills training, defusion exercises and experiential mindfulness practice. Some of the tools used may include worksheets or handouts to help clients translate the work done in the counseling office into their real world experience.

Responsibilities and Risks

My responsibility as your counselor is to facilitate your well-being by providing an environment that is safe and confidential, and to help you work towards your goals in a caring, ethical and professional manner. I also agree to respond promptly to your calls (which means that I will return calls within one business day, unless otherwise indicated on my voicemail), be prepared for our sessions together, and generally work in your best interest. Your responsibility as the client is to identify your hopes and desires for the counseling process, set appropriate goals in collaboration with me, and to work towards achieving your goals by participating in therapy and completing any assignments given.

Engaging in the counseling process is an investment that often requires hard work before you see results. The length of therapy and the results vary from individual to individual, depending on the situation and your goals. Typically, most clients see improvement within 6-20 sessions but this is not a firm time limit and there is no guarantee that you will reach your goals in this time frame. If you have any questions or concerns about the risks of therapy or the counseling process, please feel free to discuss them with me.

Termination of Treatment

If at any time you wish to discontinue therapy, I will provide you with referrals to other therapists at your request. If you feel you are achieving your goals in therapy, or for some other reason at your discretion, you may indicate your desire to work towards ending the process and we will work together towards termination. You may also terminate counseling without consulting me.

Session information: Length, Fees, Financial Policy, and Cancellation Policy

Length, Fees and Payment Options. Initial sessions are scheduled for 75-90 minutes at rate of \$150.00, which ensures adequate time for the necessary paperwork and an initial assessment of the presenting problem(s). Additional sessions are 45 minutes each at a rate of \$100.00 or 60 minutes at a rate of \$125.00. Payment is due at the end of the session with cash, check, or credit card. All clients will be provided with a receipt for the services at their request. I currently contract with some insurance panels. You are responsible for knowing what services your insurance covers; any co-pays or deductibles that you are responsible for will be due at the time of service. Many other insurance companies provide out-of-network benefits for psychotherapy services; in this case I am glad to provide appropriate documentation so that you can file a claim with your insurance company, but you are responsible for contacting your insurance company to determine coverage for counseling services, for paying the full fee at the time of service and for filing any claims. I have a limited number of reduced-rate therapy (50% of the regular fee) slots per week. If you feel that you cannot pay the full rate, please consult with me about possible arrangements to secure a reduced-rate slot; proof of your income may be required to determine if you are eligible for a reduced fee. Please note that if you choose to file claims with your insurance provider, I will be required to submit a mental health diagnosis for your claim, which will become part of your health records. For returned checks, you will be charged a \$30.00 fee. Clients may schedule appointments only if their account is in good standing.

Late Cancellation/No Show Policy. A full session fee of \$100.00 (or the corresponding reduced-rate session fee, if applicable) will be charged for appointments cancelled without 24-hour (1 day) notice. This fee is not reimbursable by insurance.

Past Due Accounts. If an account is past due by 90 days, unless you have made payment arrangements with me, the account may be sent for collection and/or small claims court. You will be responsible for a 40% collections fee that will be added to your past due balance for any collection agency fees, court costs or other expenses incurred in the collection of the account.

Legal Proceedings. I believe that it is in my clients' best interests to keep the therapeutic relationship out of the court setting, and I will resist any efforts to involve me in litigation. Should I be compelled to appear in court, I will be largely unable to offer any opinions that will be of assistance in any imminent legal proceedings. Additionally, you will be responsible for the cost of all service rendered in response to legal proceedings, including a minimum retainer to be held in escrow of \$1000, a travel fee of \$300 and an hourly rate of \$250.

Technology and Communication

Please be aware that I do not text with clients or connect with clients on social media outlets (such as Facebook or LinkedIn). Also, please be aware that while I am glad to correspond via email regarding appointment times and/or sending handouts, I cannot guarantee that my email server is secure and meets the standards of HIPPA compliance; if you consent to receive emails or initiate email contact with me, you are indicating your awareness of this fact. Under no circumstances will I discuss clinical concerns over email.

