

PROFESSIONAL DISCLOSURE STATEMENT AND INFORMED CONSENT

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Cellular: (910) 274-6757 (Emergencies only)

The purpose of this document is to provide you with information regarding the services I provide and to inform you of my background, as well as some guidelines for how therapy will work. It is my hope that you and I can work together as a team to move through the difficulties you and / or your family may be facing.

Professional Qualifications / Credentials & Licensure:

I received a Masters in Counseling from Assumption College located in Worcester, MA in 1993. I am a Licensed Clinical Mental Health Counselor in the state of North Carolina (LCMHC #3295) and a Certified Rehabilitation Counselor (CRC #12281) in the United States. In addition, I am certified as a Transactional Analysis Practitioner through USATAA. I have worked in private practice for the past 12 years as a Psychotherapist and specialize in treating adults and couples with anxiety, mood disorders and relationship issues. Prior to this I worked as a Rehabilitation Counselor for 9 years for the Massachusetts Rehabilitation Commission and 10 years as a Rehabilitation Counselor for private rehabilitation companies. While at Massachusetts Rehabilitation Commission, I counseled clients with major mental illness, substance abuse, neurological impairments, and cognitive impairments.

Counseling Services / Approach to Treatment:

I believe the therapeutic approach is a team effort, as well as an individual one. We will work together towards goals you have established. I use a variety of techniques to assist us along the way, primarily Transactional Analysis, Redecision Therapy, Cognitive Behavioral Therapy, Advanced Integrative Therapy, Mindfulness, Emotionally Focused Therapy and Motivational Interviewing. These modalities encourage development through a process of self reflection, identification and use of healthier problem solving skills.

Confidentiality:

All communication and records will be held in strict confidence. Information may be released in accordance with the North Carolina State Law: (a) when the client signs a release of information indicating consent to such release; (b) the client expresses intent to harm self or others; (c) there is evidence or reasonable suspicion of neglect or abuse against a child, elderly or disabled person; or (e) when a subpoena or any court order directs the disclosure of information.

Clients Rights:

You have the right to refuse or discuss any counseling techniques or suggestions at any time. While benefits are expected from counseling, specific results are not guaranteed. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services please let me know. If I am unable to resolve your concern, you may register any unresolved complaints in written form to the North Carolina Board of Licensed Clinical Mental Health Counselors at: NCBLCMHC 7-D Terrace Way , Greensboro, NC 27403. Phone: 336-217-6007.

Couples Counseling:

In couples counseling the couple is considered the client and therefore limits in terms of confidentiality when you receive individual therapy simultaneously. These expectations and limitations will be discussed during the first initial assessment with each couple.

Missed Appointments/ Cancellations:

Clients are requested to give notice as soon as possible when canceling or rescheduling an appointment in order for the time to be available for someone else. Appointments cancelled with less than 24 hours notice or missed appointments will be charged a fee of \$70.00. Voicemail is provided for after hours cancellations. Please contact my office at 910-344-0480 to cancel or reschedule your appointments.

Contact Information/ Crisis:

In case of a mental health emergency during office hours, please contact me on my cellular phone at 910-274-6757. If you are in crisis after hours, on weekends, or in need of immediate assistance, please go to your nearest emergency room or contact the New Hanover County 24 hour Crisis Line at 910-392-7408.

Session and Fees:

\$120.00 for each 60 minute individual session, \$130.00 for the initial session. \$120.00 for each 60 minute couple’s sessions. Co-pays and any balance due will be obtained when you arrive and check in. Cash, check and credit cards are all accepted. Should you require any paperwork be completed for disability claims, legal purposes or letters on your behalf you will be charged \$120.00 per hour, billed in 15 minute increments for the preparation time. Emergency phone calls outside of your sessions that are under 10 minutes will not be charged, however if the call exceeds 10 minutes you will be charged my hourly rate in 15 minute increments.

Technology:

Please note the use of technology for communication purposes is limited in terms of confidentiality dependent on your level of encryption. To safely secure your confidentiality I ask that you leave either voice mail messages on my office or cell phone number or send emails to: ellen@decidetothrivecounseling.com. Please do not send any personal confidential information by text message.

Diagnosis:

Clients should be aware that any diagnosis given from the DSM V (Diagnostic and Statistical Manual of Mental Health Disorders, 5th edition) will become part of their records.

Termination:

When you feel you have reached your goals in therapy we will discuss your termination, prior to that I will check in with you to evaluate how you feel you’re progressing. If at any time you want to discontinue therapy please discuss this with me ahead of time, as an abrupt termination is not beneficial for clients psychologically.

Informed Consent: By my signature, I am indicating that I have read, understood, and verified the accuracy of this statement. My questions have been answered to my satisfaction. By my signature I acknowledge my understanding and agreement with the foregoing.

Printed Name of Client _____

Signature of Client or Legal Guardian:

Date:_____

Signature of Counselor: _____

Date:_____