

Thank you for choosing to begin therapy with me. You have taken an important first step in deciding to seek professional help. So that you will be well informed about beginning your therapy process, I have prepared this document for you, as required by the North Carolina Board of Licensed Professional Counselors.

Qualifications

I earned a Masters in Counseling from Gordon-Conwell Theological Seminary in Charlotte, NC, (2001) and a graduate certificate in Expressive Arts Therapy from Appalachian State University in Boone, NC (2007). In 2002 I was licensed as a Professional Counselor in North Carolina (#4137), and was certified by the National Board of Certified Counselors (#85021). I have been practicing as a professional counselor since 2002.

Therapeutic Approach

My underlying philosophy in therapy is derived from the traditional Judeo-Christian ethic. Because of this perspective, I accept you and respect you as a unique individual who is a bearer of God's image. I will not discriminate in any way because of your religion, gender, age, race, sexual orientation, disability, or personal beliefs. My theoretical approach to therapy is eclectic, but primarily Cognitive-Behavioral – exploring how thoughts influence feelings and behavior. I borrow from additional theoretical frameworks including Client Centered, Existential, Family of Origin, Systems, Solution-Focused, and others when appropriate. I frequently incorporate expressive art modalities in the therapeutic process, as well as mind/body energy techniques such as Emotional Freedom Technique. I work with adults and adolescents in individual and group sessions and treat a wide range of problems including mood disorders, addictions, family of origin issues, grief, stress, career decisions, eating disorders and weight management, and issues related to chronic illness and physical health. My professional experience prior to my training as a Professional Counselor includes ten years as an educator and patient advocate in a medical facility.

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. Because protection of your privacy is important to me, should we encounter one another in a setting outside the counseling office, I will be hesitant to greet you with familiarity, without your expressed permission.

Scheduling

Therapy sessions are either 45 or 60 minutes, and may be scheduled weekly, biweekly, or monthly. The fee for the initial assessment is **\$120**. Thereafter the fee for a 45 minute session is **\$85** and **\$110** for a 55-60 minute session. You may make payment by cash, check, or credit card. Should you choose to use insurance benefits, I will file your claim and you will be responsible for your portion according to your particular insurance plan. Be aware that insurance companies require a diagnosis of an "illness" or "mental disorder" for reimbursement of your expenses and this diagnosis will become part of your permanent insurance record. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the claim to the health insurance company.

Questions

Clients are encouraged to discuss any concerns with me. However you have the right to 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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors
P.O. Box 1369, Garner, NC 27529
Phone: 919.661.0820 Fax: 919.779.5642
Email: ncblpc@caphill.com

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

Signature of Client

Date

Signature of Counselor

Date