

Professional Disclosure Statement

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My Qualifications

I earned a Master of Arts (MA) degree in Clinical Mental Health Counseling from Southern New Hampshire University in 2024. I am a Licensed Clinical Mental Health Counselor Associate (LCMHCA) in the state of North Carolina. In February 2024 I began working as a mental health counselor through my practicum and internship with Aspen Mental Health in Ronda, North Carolina, under the supervision of Dallas Johnson, LCMHCS.

Restricted Licensure

Effective January 15, 2025, I am a Licensed Clinical Mental Health Counselor Associate in the state of North Carolina (License #A20976). I am under supervision by Dallas Johnson, LCMHCS. He can be reached by phone at 336-827-0089 or by email at Dallas@aspenmentalhealth.com.

Counseling Background

I have experience working with a diverse range of clients, including high-risk individuals, children, adolescents, young adults, college students, adults, and families. Services include outpatient individual therapy services as well as facilitating group counseling sessions. I practice from a humanistic counseling approach, which is client-driven and centers on the belief that each individual has the inherent potential for growth and self-actualization. I integrate a variety of evidence-based techniques to support clients, including play therapy, Internal Family Systems (IFS), Eye Movement Desensitization and Reprocessing (EMDR), and Cognitive Behavioral Therapy (CBT).

Session Fees and Length of Service

Appointments are generally 45 to 60 minutes in length. Initial intakes are billed at \$190.00 and counseling sessions are billed at \$165.00. The cost of services may be less, depending upon our agreement with your insurance provider or in the instance of a sliding scale agreement.

I accept cash, checks, and credit cards. Payment is due at the time of service. Please be aware that I do not provide court appearance services. I am also unable to evaluate or make recommendations regarding child custody cases. In the event that I am compelled to appear in court on your behalf due to subpoena, court order, or otherwise, you agree to an hourly rate of \$200.00 per hour and agree to compensate for any loss in wages, legal counsel expense that the therapist may incur, or other expenses incurred due to such appearances. A \$200.00 up-front fee is charged for any mandatory court appearance.

A sliding scale agreement may be considered in instances of client hardship or less than \$80,000 annual household income. Sliding scale arrangements are approved on a case-by-case basis. The estimated fee for each sliding scale session is \$85.

Use of Diagnosis

Most insurance companies require a diagnosis in order to reimburse for counseling services. You are responsible for contacting your insurance provider to confirm your mental health counseling benefits and they will advise you of your benefit coverage including copayments or coinsurance. 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

Your verbal communication and clinical records are strictly confidential except for: a) Information (diagnosis and dates of service) shared with your insurance company to process your claims. b) Information you and/or your child or children report about sexual or physical abuse of a child or elder. c) Any infectious diseases that a client will intentionally spread to harm others. d) When a release of information has been signed by the client or client's legal guardian to have specific information shared. e) If a client or client's legal guardian provides information that informs the counselor that you are in danger of harming yourself or others. f) Information necessary for case supervision or consultation. g) When required by law.

Please Note: North Carolina State Law requires your counselor to report abuse to the Department of Social Services, as well as report any intent to harm others to local authorities.

Complaints

Although clients are encouraged to discuss any concerns with me, 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.

Client: _____ Date: _____

Counselor: _____ Date: _____