

Ashley White, MSW, LCSWA

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LCSW-A Professional Disclosure Statement

Thank you for allowing me the opportunity to work with you. This document provides information about my educational background, experience, guidelines of our therapeutic relationship, confidentiality, and how to file a complaint. Please feel free to contact me concerning any additional questions you may have about this document.

My Qualifications

I, Ashley White have a master's degree in social work from Appalachian State University which I received in 2014. The North Carolina Social Work Certification and Licensure Board approved me as Licensed Clinical Social Worker Associate. My state license number is P015931.

Associate Licensure

I am a license clinical social worker associate in North Carolina. As an associate I am under the direct clinical supervision of Leigh Ann Darty. Leigh Ann is a License Clinical Social Worker that works offsite at the Hospice and Palliative Care of Iredell County. She can be reached at by phone at 704-924-4313.

Counseling Background

My post graduate experience came working as a medical social worker in Hospice and Home Health. In that role I gained counseling experience by offering on-going support to patients and families as they dealt with the emotional struggles that occur when faced with death, and or a chronic illness. During that time, I have gained knowledge in death and dying, anticipatory grief, and bereavement. Working in this role has allowed me the opportunity to work with a diverse group of people of all ages, ethnicities, and cultures. I utilize a integrative therapeutic approach, meaning I utilize a variety of techniques from numerous theoretical orientations in order to provide the best counseling services for the patient and their presenting issue. I utilize person centered and cognitive-behavioral approach to assist me in focusing on current issues you may be facing during our sessions while helping me formulate solutions to your problems. I view counseling as a method by which I collaborate with patients in exploration, clarification, and identification of their needs and help them connect with the changes necessary in

improving overall wellbeing. In our counseling relationship, we will work together to create trust and build a therapeutic relationship that validates your emotions and allows you to work towards your goals.

Service Fees and Length of Service

Sessions and Payment. Your first session will last approximately 1 to 1.5 hours. Each subsequent session will last between 45 and 60 minutes. The fees due upon service are \$155.00 for the initial intake appointment and \$110.00 for each appointment following. You may pay for services rendered via Cash, Check, Visa, Master Card, or American Express.

Third Party Payers. As a courtesy, we will bill your insurance company, HMO, responsible party or third-party payer for you if requested. We ask that at each session you pay your co-pay. In the event you have not satisfied your deductible, the full fee will be due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time.

Cancellations and Emergencies.

It is expected that your session will begin at the agreed upon time. Any session that begins after this time due to late arrival (for any reason) cannot be extended beyond the agreed session end time. Please provide at least a 24-hour notice should you need to cancel or reschedule an appointment. Frequent missed appointments will lead to additional charges that will not be covered by your insurance company or other third-party payers. Three missed appointments without prior notice can result in the termination of services. If you experience an emergency for which you feel immediate attention is necessary, please contact me via my cell phone number or at 336-907-2050 to reach the Aspen staff member on call. If no contact can be made, you understand that you should contact the 24-hour mobile crisis hotline at 1-866-275-9552, Suicide Prevention Lifeline 1-800-273-8255, Emergency 911, or as a last resort, visit a local emergency room for services. You may also contact VAYA Health Crisis Line at 1-800-849-6127 or Partners Behavioral Health Hope Line at 1-888-235-4673. I will follow emergency services with standard counseling and support.

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 be made 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 communications become a part of the clinical record, which is accessible to you upon request. Your verbal communications and clinical records are strictly confidential. You should be aware, however, that legal and ethical requirements specify certain conditions in which it may be necessary for me to discuss certain information about your treatment with other professionals. If you have any questions about these limitations, please ask me about them before we begin our sessions.

Confidentiality will be limited if/when:

- a. Information (diagnosis and dates of service) is shared with your insurance company to process your claims,
- b. You and/or your child(ren) report physical or sexual abuse of a child; then, North Carolina State Law obligates your counselor to report such incidents to the Department of Social Services,
- c. You provide information that informs your counselor that you are a danger to yourself or others (including child or elder abuse),
- d. You sign a release of information to have specific information shared,
- e. Information is necessary for case supervision or consultation, or
- f. Information is required by a court order to be disclosed.

Complaints

If at any time you have concerns or complaints about our therapeutic process, or any questions or problems, please feel free to approach me directly. If you feel the problem is unresolvable, please contact

The North Carolina Social Worker Certification and Licensure Board
PO BOX 1043
Asheboro NC 27204
info@ncswboard.org

LCSW-A Professional Disclosure Statement Signature Page

Ashley White MSW, LCSW-A

Acceptance of Terms

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

Client/Client Guardian: _____ Date: _____

Counselor: _____ Date: _____