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Professional Disclosure

This document is to inform you about the process of counseling, and what you can expect from me as your counselor. This document contains several things you need to be aware of, so please read it carefully.

My Qualifications

I attended Liberty University and obtained a Master of Arts in Professional counseling. The degree was awarded September 2018. Additionally, I obtained my BS in Psychology and minored in Christian Counseling. This degree was also gained through Liberty University.

I am a Licensed Clinical Mental Health Counselor (LCMHC-14667), and I am a Licensed Clinical Addiction Specialist Associate (LCAS-24872).

Counseling Background

As a counselor, I have experience working with all age groups and a variety of therapy concerns. I have provided services to children and adolescents who exhibit behavioral struggles both at home and school. Additionally, I have served all age groups that have struggles with anxiety, depression, grief, trauma, mood cycling, anger, and substance use. I have facilitated the development of improved family functioning, social skills, and coping skills.

Services Offered

This is a voluntary process that you can leave at any point you feel it is not working for you. It is imperative that you are involved in this process. I approach counseling from a combination of dialectical behavioral therapy (DBT), Person-Centered Therapy (Rogerian therapy), and cognitive behavioral therapy (CBT). With children and adolescents, I work from a systemic approach, meaning I expect parents/guardians to be an active part of the therapeutic process. With DBT and CBT, I will look for cognitive distortions that may need to be interrupted and constructed in a different way. I look for ways to introduce new skills such as mindfulness, emotional regulation, distress tolerance, and interpersonal skills. I may ask you to complete homework; know I do this for you to get the most out of your counseling experience. Person-centered therapy assists you in self-actualizing and recognizes that you are the expert. In person-centered therapy you can expect me to be genuine, empathetic, without the fear of being judged or criticized. Additionally, I provide eye movement desensitization and reprocessing (EMDR) as well as other trauma focused interventions for trauma related concerns.

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 \$150.00 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 situation 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 those emergency services with standard counseling and support.

Diagnosis

Some insurance companies require a diagnosis from the Diagnostic and Statistical Manual 5th edition (DSM 5) for reimbursement. This diagnosis will be a permanent part of your records. If you do not want your diagnosis to be a part of your insurance records, we need to discuss paying out of pocket.

Confidentiality

Confidentiality is my number one priority as your counselor. The thoughts and issues you share during your session will be held in the utmost privacy. However, there will be times when I may have to break confidentiality. This would include if you disclose to me you intend to kill yourself or someone else, a child, elder person, or a person who cannot take care of themselves is being abused, or if I am served with a court order to present your counseling records. A subpoena is not a court order. If I am served with a subpoena or court order, I will seek advice before responding. Regarding social media, we will not make contact over social media. This is unethical and a boundary violation for the therapeutic relationship. If substance use is part of treatment, I have to obtain a release of information for guardians from the minor. This is protected through the federal regulation 42 CFR, part 2.

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: _____