

## Counseling Professional Disclosure Statement

Corrine J. Harris, MA, LCMHC, NCC

### **My Qualifications**

As a part of my professional training to become a licensed professional counselor, I completed a degree program in the CACREP accredited counseling program at Wake Forest University where I graduated in May 2013 with a Master of Counseling degree. In addition to the learning which was gained through assigned courses, I have completed fieldwork as a counselor in multiple clinical mental health settings. I am currently licensed in North Carolina as a Licensed Clinical Mental Health Counselor (LCMHC#: 10279). I have had 8 years of counseling experience thus far. I am also currently credentialed as a National Certified Counselor (NCC#:321736).

### **Counseling Background**

I have the educational background to serve the following client populations: children, adolescents, adults, families, and couples. In my service to these populations, my therapeutic approach often integrates client-centered therapy and cognitive behavioral therapy. The cognitive-behavioral approach involves analyzing and modifying distorted thoughts and behaviors in order to achieve identified lifestyle changes. Methods to achieve these goals may include teaching clients how to stop patterns of negative thoughts while rehearsing new more appropriate thoughts. The person-centered therapeutic approach focuses on a client's perception of an event rather than the event itself. Sessions are often spent reconciling disparities between a client's beliefs and realities by focusing on issues brought for discussion. Clients are encouraged to lead the discussion in this therapeutic approach.

Honesty, effort, and hard work from the client will be essential to the success of the counseling relationship. When executed correctly, successful counseling may also involve certain risks such as uncomfortable feelings and the need for difficult adjustments in relationships with others. However, if the client is committed to the work that is required inside and outside of counseling sessions, the positive outcomes can prove worth the effort.

### **Session Fees and Length of Service**

The counseling hour lasts for 50 minutes. Sessions are to be scheduled prior to the date of the desired appointment. I use a sliding scale for payment structure based upon income. Based on this scale, we have agreed that you will pay \$\_\_\_\_\_ for the initial session and \$\_\_\_\_\_ for each subsequent session. Payments can be made with cash, credit card, or by personal check. I am eligible for insurance reimbursement with Blue Cross Blue Shield and Medicare/Medicaid.

### **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.

If a clinical diagnosis is made during treatment, this diagnosis will be used to help provide better care for the client. I do not believe that assignment of a diagnosis is an insurmountable obstacle nor does it signal the end of the counselor-client relationship. Instead this new information will be used in ways to supplement our therapeutic work together. Please note that any diagnosis will become part of the client's records.

### **Confidentiality**

The counseling relationship is intimate by nature. However, it is important to remember that the counseling relationship is professional, not social relationship. I will respect your confidentiality inside and outside of the counseling session. In an effort to maintain strict confidentiality, I will refrain from acknowledging you in public unless you initiate the interaction.

Material revealed during counseling becomes part of your clinical record which you may request at any time. This information will be kept confidential under the following circumstances in accordance with the state law: 1) you direct me in writing to disclose information to someone else, usually with other professionals where disclosure of information is required in order to provide you with optimal care, 2) you express intention to hurt yourself or someone else, 3) there is indication of child or elder abuse/neglect, 4) a court order is received which requires disclosure of the information, or 5) you are a minor for whom confidentiality is limited to the extent exercised by your parent or guardian.

### **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 Professional Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

### **Acceptance of Terms**

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

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_