*This information is intended to inform you about my professional background*

*and to describe certain aspects of our therapeutic relationship.*

*Please read it carefully and feel free to ask any questions you may have*

**Qualifications:**

Masters Degree, Professional Counseling. Liberty University May 2015. Licensed Clinical Addictions Specialist (LCAS). Certified Clinical Supervisor (CCS). Currently pursuing Licensed Professional Counselor (LPC) credentialing. I have 15 years of professional experience in counseling and direct care of both Mental Health and Substance Abuse populations. I have experience in supervising, operations management, and Developmentally delayed youth/adolescents.

**Supervised Practice:**

As part of the standard licensing process, my counseling services are under the Supervision of Rulondo T Anderson Sr. who may hear or see recordings of our sessions to provide me with feedback to ensure that quality care is being provided. (Audio or video recordings of our sessions will take place with your express consent, given by signing a separate waiver in our initial session. If you would prefer not to be recorded, I will be glad to assist you in finding another clinician to work with.)

**Counseling Background**

Currently self-employed and contracting with a Psychiatric Facility that treats recovering Opioid addicts that require Substance Abuse counseling. Currently coordinator over transitional housing program for women in recovery. Formerly Program Coordinator for Advanced Levels Program at Hope Haven Oversight of 3 separate programs in this aftercare facility for recovering drug addicts. REAP/ Level 3 Women/ Level 4 Women: Conducting 2 groups daily, self awareness and relapse education and prevention for high risk clients in an intensive 4 week curriculum. I have experience in working with both Mental Health and Substance Abuse individuals. I have worked with youth/ adolescents/adults. I utilize Cognitive Behavioral Therapy, Motivational Interviewing, and Person Centered Theoretical approached. I have extensive experience in psychodynamic and crisis related interventions.

**Sessions**:

Initial Session can be up to 90 min. Length of sessions can range from 30 minutes to 60 min (group/ family/individual). Sessions are based on the needs of the client and can be adjusted as progress in treatment goals, or the lack thereof is determined/observed by the clinician. Fees are based on insurance rates and private pay rate is $125. Methods of payment are as follows: cash, check, credit card. Insurances that are acceptable are: Blue Cross/ Blue Shield, Aetna, Cigna, and Medicaid. You may choose to terminate your session at anytime, it is highly recommended that you discuss this with your therapist to prepare for and process the conclusion of your services.

**Diagnosis**:

It is important to note that the clients diagnosis becomes a permanent addition to his or her records and will be used as a reference point during the course of their therapeutic consultation. Its expressed purpose will be to give the client and clinician a set of symptoms to address during the therapy sessions. As these symptoms are addressed, the clients progress will be assessed throughout the duration of his or her treatment.

**Confidentiality:**

I consider my clients’ confidentiality of the utmost importance and will keep confidential anything you say as part of our counseling relationship. However, there are a few rare circumstances in which I may be required to break confidentiality:

(a) you give written permission

to disclose information to someone else, such as another health

professional, insurance company, or family member.

(b) I determine that you are a danger to yourself or to others.

(c) you disclose information that leads me to believe a child, disabled person or elderly person is being

abused or neglected.

(d) I am ordered by a court to disclose information. (In unusual cases a client’s involvement in a custody

or criminal dispute may lead to me receiving such a court order.)

**Complaints**:

If the client finds him or herself in a situation where he or she wants to write a complaint, the following procedure must be followed. The client must fill out a form, which indicates the situation what transpired as a result of the situation, and indicate on the form how the situation affected him or her. Once this document is completed it can and must be submitted with the clients full name to the address below:

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417

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

Fax:336-217-9450

E- mail:LPCinfo@ncblpc.org

**Acknowledgement and Acceptance of Terms**

I have read and agree to these terms and will abide by these guidelines. I understand that I am free to ask

questions or raise concerns at any point in the therapeutic process.

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

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