

LCMHC Professional Disclosure Statement

Shannon Cox, MA, LCMHC

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Qualifications

Shannon Cox MA, LCMHC, Licensed School Counselor K-12 (LCMHC 9400, State of North Carolina Professional License) has earned a Bachelor of Science Degree in Psychology from Appalachian State University in May 2008 and a Master of Arts in Professional School Counseling and a certificate in Addictions Counseling from Appalachian State University in May 2010. She has 14 years' experience as a counselor.

Counseling Background

Shannon Cox has clinical experience working with children, adolescents, families and adults. She practices standard Person-Centered Therapy, Cognitive Behavioral Therapy, Motivational Interviewing, and uses Theraplay Principle Techniques. Other treatment approaches are used as needed. Treatment practices, philosophy, and plan limitations and risks will be discussed with you today.

Session Fees and Length of Service

Length of sessions range from 45-60 minutes. Intake sessions are 60 minutes. Fees range from \$145 for 45 minutes to 1 hour sessions at \$165. Intake assessments are \$185. This counselor will file certain insurances directly and other payments accepted are cash or check. Payment is due when services are rendered.

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 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

Confidentiality is an important part of counseling. All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

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/CodeOfEthics/TP/Home/CT2.aspx>).

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@ncblpc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____

This professional disclosure statement is required by law (NC.G.S. 90-24)