

LCMHCS Professional Disclosure Statement
Deborah S. Wages, MA, LCMHC-S
Custody Evaluator
Jodi Province Counseling Services
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I am pleased and honored to have the opportunity to work with you. This document provides information regarding my background and the nature of our professional relationship. We will discuss any questions you may have about this or any other preliminary matters at the beginning of our work together.

Qualifications

I graduated with a master's degree in clinical Mental Health Counseling from Liberty University in August 2018. I completed my Practicum in Fall of 2017 and completed my Internship I & II in Counseling at Jodi Province Counseling Services in the Summer 2018. I am licensed with the state of North Carolina as a Licensed Clinical Mental Health Counselor (#14582). I have certifications in TF-CBT and PSB-CBT along with training in EMDR. In addition, I am trained in providing custody evaluations to the court. I have more than eight years of counseling experience. I have provided supervision for the past three years for counseling interns and I am currently pursuing licensure as a Licensed Professional Counselor Supervisor in North Carolina

Counseling Background

My counseling work has primarily focused on children, adolescents, and adults with concerns related to anxiety, depression, grief and trauma. My primary approach to counseling is an integration of person-centered, strengths based, using an eclectic variety of treatment modalities.

My role is to assist you in reaching whatever goals you may have for yourself by providing non-judgmental support and helping to facilitate your journey, whatever form it may take. I strive to empower you and assist you in expanding health awareness, rather than to give you advice. Maintaining professional boundaries for both client and counselor is a vital component in the therapeutic relationship, and I will uphold those boundaries to ensure an appropriate therapeutic relationship and more positive therapeutic outcome.

Session Fees and Length of Service

Initial intake session fee is \$195 and then future sessions are 55 minutes for \$175 per session payable by cash, check and debit/credit. We are networked with several major insurance carriers. Co-pays are accepted in the form of cash, check, or credit.

We are also credentialed with many local industry's Employee Assistance Programs (EAP). Please check with your human resource department to determine eligibility.

Missed Appointments If you find that you must cancel or reschedule an appointment, please make an effort to contact the Counseling office at 336-818-0733 at least 24 hours in advance. The Counseling office's policy is that if 3 appointments are "no-show" (i.e. failing to show up for a scheduled appointment without contacting us) your file will be closed and services will be considered complete.

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 is 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 and may have ramifications in terms of costs of insurance and long-term insurability.

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.

I you disclose information that leads me to believe a child, disable 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 a court order).

Divorce and Custody

I sometimes work with high conflict families and families of divorce. If you ever become involved in a divorce/custody or other court-related dispute, I want you to be informed about the difference between the clinical and forensic role. In order to avoid dual relationships and conflicts of interest, I will provide your child with clinical therapeutic services or custody evaluations **-but not both**. I will do my best to avoid becoming involved in court related cases as they can erode the client-therapist relationship and may compromise your child's ability to be honest with me during treatment. Therefore, my role as "Counselor/Therapist" is going to be strictly therapeutic and not forensic. However, I can participate in custody evaluation if the court requests me. If I am hired as the custody evaluator, then I can form an opinion on who a person should live with or visit with and who a person should or should not interact with. In addition, I will provide a written report/evaluation for the court of my professional recommendations about custody.

By signing this document and the end, you agree to and have been informed of the following regarding divorce and separation:

- You understand that by you and/or your lawyer or judge subpoenaing me, there is a chance that your child's record will become public knowledge. This is an obvious concern of mine, as I am protective over your child's privacy and how this may cause him/her distress and distrust of me as their therapist.
- That you will need specify and ask for my participation or recommendations in a custody evaluation, fitness of parent, adoption home study or dependency hearing. This will need to be court ordered by a judge. There will be separate custody evaluator informed consent paperwork included for your review if this is required.
- If I am called into court or receive a subpoena for records, I will charge a \$250 retainer upon obtaining a subpoena which will be credit applied to the first hour, including time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs, then \$250 per hour for subsequent hours. Please see the attached Custody Evaluation Informed Consent and information.

Complaints

All clients are encouraged to discuss any concerns with me first or contact Jodi Province, my employer, at 336-818-0733. You may file a complaint against me with this organization should you feel I am in violation of any of the codes of ethics.

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

Acknowledgement for Clients

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: _____