

LCMHC Professional Disclosure Statement
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Disclosure Statement

This is a statement of your rights and responsibilities for our therapeutic relationship. This document is part of the Standards of Practice of the North Carolina Board of Licensed Clinical Mental Health Counselors (LCMHC) as stated in Section 90-343 of the NCBLCMHC Act. The Disclosure Statement is designed to inform you of my professional credentials, types of services offered, fee schedule, and therapeutic orientation and style. Please let me know if you have any questions or concerns about this disclosure statement. You may revoke this agreement in writing at any time.

Client's Rights and Responsibilities

As a client, you have the right to choose a counselor/therapist who best suits your needs and purposes. Please be advised that you may ask questions about treatment at any time, and you may also choose to terminate/end therapy at any time by way of a written statement.

My Qualifications

Education. I received my Master of Arts degree in the area of Professional School Counseling from Appalachian State University in December of 2012. I am credentialed as a Board-Certified Counselor (#310623) by the National Board for Certified Counselors. A Standard Professional II NC School Counseling license (#1046514) was issued to me by the NC State Board of Education, effective December 2012. I am also a National Board-Certified Counselor (#03082818) through the National Board of Professional Teaching Standards. During the 2012 calendar year, I completed both a practicum and internship in Professional School Counseling. Since 2012 I have worked as a Professional School Counselor, a Career Coach and Counselor, a college counselor/advisor, and in a private practice setting. In 2018, I received my NC Licensed Clinical Mental Health Counselor license (#11589). In 2020, I earned my Doctorate in Education Leadership from Appalachian State University. In December 2020, I became a Qualified Clinical Supervisor (QS135320) through the NC Board of Licensed Clinical Mental Health Counselors.

Counseling Background. As a school counselor, I have experience working with children and adolescents, ranging from four- to eighteen-year-olds. I have served students from a variety of socio-economic, ethnic, cultural and religious backgrounds and understand that each person has a unique experience to be considered when providing counseling services. The range of issues presented during my years as a counselor include, but are not limited to, behavior problems (at home and school), physical and sexual abuse, general anxiety, separation anxiety, grief, self-harm, suicidal ideation, divorce, and development of social skills. It is my practice to work closely with parents to help children develop healthy, functional relationships within their family and at school, according to their cultural background.

I also work with adolescents and young adults in the area of career development, college counseling and advising, and general mental health issues such as anxiety and depression. I have experience and training in the areas of Career Development Theory, Assessment in Career Planning, job seeking and employability skills, and career planning services.

Services Offered

As your counselor, I can see you in individual or family sessions. My primary theoretical orientation is Cognitive-Behavior Therapy, but I also use Reality, Client-Centered and Solution-Focused Brief Therapy when they are appropriate. These approaches focus on the present, and generally have a problem-solving approach. I also use a strength-based approach which empowers the client to set their own goals and make their own decisions about what is the best solution for any issues. For interested clients, I am trained in EMDR and utilize those strategies as appropriate and agreed upon as part of a comprehensive treatment plan to help clients process past traumas, overcome negative core beliefs, and understand their life experiences. I believe that all clients can reach solutions and achieve goals, with the counselor acting as a guide in the therapeutic process.

In the sessions, we often develop short- and long- term goals, and work with those in mind. Occasionally, I will ask that you attempt any homework that I may suggest and discuss your experiences completing those tasks in our following sessions. Often clients that contribute to their therapy by sharing honestly and working in and outside of our sessions will see growth and completion of goals.

Session Fees and Length of Service

Cash, Check or Credit Card. Your first session will last approximately one hour. Each subsequent session will last between 45 and 60 minutes. The fees/co-pay due *upon service* can be discussed with our office manager.

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 met your deductible, the full fee is 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. 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 finish time. Please provide 24 hours' 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 service (at the discretion of the counselor).

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

All communication becomes a part of the clinical record, which is accessible to you upon request. Your verbal communication and clinical records are strictly confidential. You should be aware, however, that legal and ethical requirements specify certain conditions in which it may be necessary for me to discuss certain information about your treatment with other professionals. If you have any questions about these limitations, please ask me about them before we begin our sessions.

Confidentiality will be limited if/when:

- Information (diagnosis and dates of service) is shared with your insurance company to process your claims,
- You and/or your child(ren) report physical or sexual abuse; then, by North Carolina State Law, your counselor is obligated to report this to the Department of Social Services,
- You sign a release of information to have specific information shared,
- You provide information that informs your counselor that you are in danger or harming yourself or others,
- Information necessary for case supervision or consultation, or
- Required by a court order.

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>). Complaint forms can be found at https://ncblcmhc.org/Assets/Complaint_Form/Complaint_Form.pdf and addressed to:

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: LCMHCinfo@ncblcmhc.org

Acceptance of Terms

I (we) agree to these terms and will abide by these guidelines.

Client Name (Please Print & Sign)

Date

Client Guardian Name (Please Print & Sign)

Date

Elizabeth Coleman, EdD, LCMHC, NCC, NBCT

Date