LCHMC Professional Disclosure Statement

Melissa Casstevens, M.S., LCHMC
Office: (336) 818-0733 ext. 203
E-mail: melissajpcs@gmail.com

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 information or any other preliminary matters at the beginning of our work together.

My Qualifications
I earned a Master's of Science (M.S.) in Clinical Counseling from Bellevue University in 2018. I am a Licensed Clinical Mental Health Counselor (LCMHC), License Number: 14367. I have worked under a Licensed Mental Health Counselor providing professional counseling since 2017. I have also provided crisis counseling to individuals, children, and families in domestic violence and/or sexual assault situations since 2013.

Counseling Background
I have experience in working with men, women, and children, in individual, couples, family, and group settings. I have extensive experience in working with survivors and their children and families involving domestic violence and sexual violence. I have a special interest in working with trauma survivors. I also have experience in working with individuals involving anxiety, depression, PTSD, trauma, family relationships, grief and loss, stress, self-esteem, and other mental health issues.

My general counseling approach is person-centered, believing that every person is unique and your view of the world should be trusted rather than judged. I also use Cognitive Behavioral Therapy (CBT), helping to uncover thought processes that affect behavior. I am also trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization Reprocessing (EMDR), Theraplay and play therapy.

Together we will work to identify areas of concern and develop goals. Throughout the therapeutic process we will evaluate the goals and update them periodically to help you get the most out of your counseling experience. If I feel I am unable to provide the therapy needed to assist you, I will refer you to another mental health professional that can more effectively work with you.

Session Fees and Length of Service
Sessions are 55 minutes and are $195.00 or 45 minutes for $165.00 per session by cash, check, and debit/credit. For organizations with which I may be affiliated, cost per session, accepted insurance, and payment methods will be provided prior to the first appointment. Please contact the organization directly if you have any questions about insurance or payment options.

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 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 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/aca-code-of-ethics.pdf).

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

Acceptance of Terms We agree to these terms and will abide by these guidelines.

Client Signature _____

Clinician Signature _____