**Professional Disclosure Statement**

**Education/Credentials**

I hold a Masters Level Degree in Social Work from University of North Carolina at Chapel Hill. I am also currently a Licensed Clinical Social Worker (#C007529) in the state of North Carolina. My work settings include in home private practice and I have been providing therapy services since 2009.

**Services Offered**

I often work with children ages 3-18 who have been struggling with trauma related concerns/issues and behavioral support associated with developmental delays. I am nationally rostered in Trauma Focused Cognitive Behavioral Therapy as well as training in Child Parent Psychotherapy. I have provided therapy services for children ranging 3-18; however I have a specific interest in working with the 3-5 population in the area of trauma and behavioral services.

**Philosophy and Approach**

I believe that therapy can be effective for you; and both you and I must be actively involved in assisting with the development of goals and assessing progress. Efforts to change self-perception, emotions, and behaviors require work both in and out of the session. An important aspect of this process is that it can assist with persons seeking services to gain insight and tools that will facilitate continued growth and development after counseling has ended. I cannot guarantee any specific outcomes but we will continue to discuss you or your child’s progress as we go along and make changes in our goals and treatment as needed. You should be aware that while therapy services can offer potential benefits, they also present possible risks such as uncovering painful or uncomfortable feelings including sadness, guilt, anxiety or frustration as you discuss aspects of your life. I generally follow the client-centered orientation, emphasizing individual strength and resources of my client; please consider weighing the risks against the benefits, which may include such assets as gaining insights into your problems, developing coping skills and resources and increasing your ability to participate in general activities of daily living.

As stated, my approach is client- centered in which I take on the Cognitive Behavioral Approach; in working with the total individual as the basic theoretical model of my work. Depending on your individual needs and strengths, I will use different models of therapy. I also believe in a trusting relationship between persons receiving services and therapist and am comfortable working with diverse populations, cultures and lifestyles; and feel that I can provide accepting, objective, respectful and genuine interactions with those I am working with.

**Length of Sessions and Client Rights**

Sessions are typically 50-55 minutes in duration; however, assessments tend to typically last between 2 and 2.5 hours in duration depending on the needs of the child/individual. All sessions or assessments will be scheduled by mutual agreement and if you are unable to keep an appointment, please contact me within 24 hours prior to appointment to reschedule.

Services will be rendered in a professional manner and it is impossible to guarantee any specific results. You do have the right, at any time, during the treatment process to express concerns related to services rendered and to revoke services. You also have the right to file any complaints without fear of retaliation or negative responses. Please refer to HIPAA practices related to complaints. Referral to another counselor or services will be mutually discussed if progress is not achieved at a satisfactory level or in the event that additional services may be in your best interest.

As a someone receiving therapy services you have the right to 1) choose the therapist and treatment approach that best suits you and your purposes; 2) have full and complete knowledge of clinician’s educational background and clinical knowledge; 3) be fully informed in the manner in which treatment will be provided; and 4) refuse treatment.

**Fees and Payment**

There is no copayment required for rendering services (either assessments or therapy sessions). Services are billed through Medicaid only at this time.

**Confidentiality**

I am bound by a professional cod e of ethics to maintain and support client’s rights in terms of communication received regarding treatment services (both in and out of formal sessions). All areas discussed in therapy will remain strictly confidential . By law, health care information may only be released with a formal written consent by the person receiving services (and if a minor, by parent or guardian). In the event release of information is desired, an “Authorization for the Disclosure and Reciprocal Exchange of Information” form must be completed.

When provision of services is initiated, I will establish a file that contains all information provided by you, as well as my own documentation, and all documents in the file will remain confidential. You may have the right to review your file with me if you choose. Should I need to obtain or share information with other professionals about you for treatment purposes, I will discuss this with you and will ask for your written permission/consent to do so. The following are exceptions to full confidentiality:

* If disclosure is necessary to prevent clear and imminent danger to yourself or another. This includes verbal intentions you may make to seriously harm yourself or another person.
* If I am ordered by a judge to release information, then I must release information and will only release the minimal amount of information required in order to protect your privacy.
* If you are using an insurance company to pay for services, a diagnosis will be submitted in order for me to be reimbursed. At times, additional records are requested. I will only release the minimal amount in order to protect your privacy.

**Use of Email/Communication**

The preferred form of communication is via face-to-face contact or phone interaction. However, I try to maintain flexibility in terms of your individual needs and preferences. Please be aware that emails that you may send me will remain confidential and copies will be documented in your file. Please be aware that any emails that you send are at risk for exposure from internet/technological challenges that are not controlled by either parties. Any emails that contain dangerous or unsafe threats presented to self or others will be subject to the confidentiality clause stated above and are subject to a breach in confidentiality.

**In Case of an Emergency**

I am available, by phone 24/7, at 919-630-4961; if you are unable to get my immediate support, please contact one of the following: your primary care physician, Cardinal Innovations for crisis support at 1-800-939-5911, call 911 or go to your nearest hospital emergency room in the event of a medical emergency. You may also contact my colleague Laura Muse, LPC at 336-202-3188 in the event you are unable to reach me.