



Professional Disclosure Statement and Consent for Counseling

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The purpose of this statement is to inform you of my credentials, the professional services that I offer, my fee schedule, and therapeutic orientation. This document is part of the Standards of Practice of the North Carolina Board of Licensed Professional Counselors. Please read this before signing on the last page.

Education and Credentials:

Bachelor of Arts in English/Education, Belmont University, TN 1976
Master of Science in Library/Information Science, University of NC at Greensboro, 1988
Master of Arts in Professional Counseling, Liberty University, VA 2016
LCMHC licensure in NC (A12914)
LCAS licensure in NC (LCAS-23015)

5 years of Counseling Experience in:

Substance Abuse Counseling	Relationships
Stress Management	Career
Grief	Educational Advocacy
Group Counseling	Depression/Anxiety
Emotional Regulation	Parenting Issues
Self-image/Self-esteem	Adjustment

Professional Counseling Services:

I provide counseling and psychotherapy to adolescents, and adults on various issues of need, including but not limited to, issues related to substance use. My main therapeutic approach is Cognitive Behavior Therapy and Rational Emotive Behavior Therapy. However, the therapeutic approach I use will depend on the client and the issues on which we are working to assist the client in reaching the most favorable result.

Fees and Length of Sessions:

Sessions are generally scheduled for 50-55 minutes weekly, bi-weekly or monthly. I use the remaining time in the hour for paperwork and notes. The standard fee is \$200 for the initial session and \$180 for each subsequent therapy session. Family or couples counseling sessions fees are \$180.00. I don't want cost to be a barrier to services, so I do have sliding scale slots available for those who cannot afford the standard rate. I will do my best to find a compromise that is tenable for your circumstances. Services are payable by cash, check, Visa, Mastercard or American Express on the day of service. The method of payment will be discussed and agreed upon during the first session. Each client will be billed individually based upon insurance.

Up to 2 missed appointments will be charged at \$50 each unless canceled at least 24 hours in advance. A third missed appointment will be billed at the full rate of \$100. After 3 missed sessions, I reserve the right to terminate our professional counseling relationship.

Confidentiality and Informed Consent:

The information you share with me in therapy is handled with the utmost respect and confidentiality. However, I am legally obligated to break confidentiality in the following situations:

1. If I believe that you intend to harm yourself or another, or
2. If I believe that a child or elder person has been/will be abused or neglected, or
3. If a judge orders me to release your information, or
4. If you (or your legal guardian) sign a release.

While parents have a legal right to their minor children's information, asking about what is being said in session may jeopardize your child's confidence in me and the therapeutic relationship. When working with adolescents, I strongly prefer to maintain confidentiality as much as possible to allow the therapeutic process to work. I offer my adolescent clients the limited confidentiality (see limits above) and assure parents that I will inform them of areas of concern when necessary.

Additionally, please be aware that any diagnoses used may become a part of the client's record.

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

Complaints:

Often times in counseling, I may challenge or question certain behaviors. This may bring up painful emotions and discomfort that will lead to difficult work. This will be done respectfully within our professional relationship. If at any time, you have a concern or complaint about the counseling that I provide, please let me know so we may try to resolve it. If we are not able to resolve it and you feel that I have treated you unethically and would like to register a complaint, you may contact:

North Carolina Board of Licensed Professional 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

I abide by the ACA Code of Ethics

(<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>)

Please sign below that you have read and understand the information above and are voluntarily willing to participate in the counseling services that I provide.

_____ Client Name (print) Date_____

_____ Client/Guardian Signature Date_____

_____ Cathy Troublefield, MA, LPCA, LCAS