

Professional Disclosure Statement

Katherine L. O'Reilly LCSWA (P015285)

I am currently an independent contractor with Oak Path Counseling group in Midland NC.

Office number: 704-888-1616

Cell number: 704-438-5494

Professional experience

Master's degree in social work from University of North Carolina Charlotte in (2020)

I completed a two-year clinical internship at Smith Family Wellness in Charlotte NC in 2020.

My clinical internship was a trauma intensive training program. I am trained in the following methods of treatment; eye movement desensitization reprocessing (EMDR) trauma focused CBT, seeking safety and Trauma focused personal regulation for adolescents.

I have been a health educator for Atrium health care at a comprehensive adolescent medical practice. Facilitating the Love and Logic curriculum. I led a weekly group for at risk youth teaching them emotional intelligence and prevention skills.

I held my North Carolina special education k-12 license for 4 years and worked for Charlotte Mecklenburg schools.

Services offered

I offer comprehensive clinical assessments and tailored interventions to the individual needs of the client. I work with adolescents, adults, and family groups. I offer cognitive behavioral therapy, where we explore how your thoughts are interfering with your level of functioning and happiness. I provide a strengths-based solution focused approach. The process is client led however the work is done through a mutually respecting therapeutic relationship.

I have successfully used the EMDR method for trauma, anxiety, panic disorders, substance abuse relapse prevention and depression. The client will be able to choose which method they feel most comfortable with. I provide education on topics of codependency and parenting skills. Mental health therapy is a deeply personal experience that can provide awareness and healing to allow individuals an opportunity to live the best quality of life possible. It has been my experience that one has the most success when incorporating a spiritual, emotional, and psychological balance to the process.

Associate Licensure

My licensure requires my first 3000 hours of clinical work to be supervised. I do not disclose any of my client's personal information. However, if I felt that I needed outside consultation, I would discuss this with my client prior to doing so. My supervisor is Suzanne Walsh-Frey LCSW Atrium behavioral health.

Length of Sessions/Fees & Payment Processes

Therapy sessions usually last 45-60 minutes in length and are usually held weekly, bi-weekly and sometimes monthly. (There are instances where a longer session may be needed and agreed upon by all parties involved.) The initial evaluation fee is \$200.00. Thereafter, the fee for an individual session is \$180.00 per session. The fee for a family session with the individual or a couple's session is \$180.00. If cost is a barrier for services, there are sliding scale appointments available. Please do not allow finances to be the reason you do not seek mental health services. I will do my best to find a compromise that is tenable for your circumstances. Fees will be adjusted in accordance to need and the insurance's negotiated rate for services provided. Please inquire regarding specific costs associated with each insurance provider as costs vary.

Each client will be billed individually, based on insurance or self-pay. The method of payment will be discussed and agreed upon prior to, and again during, the first session. Payment information will be stored to the client's account and will be processed prior to services rendered. For clients utilizing insurance, any differences between payments made in office versus insurance provider coverage will be reconciled post insurance processing. If a client is willing to allow a credit/debit card to be stored on file, then post-payment for services can be made available. For post-payment processing, clients will be charged within 7-days post appointment for self-pay clients or 7 days post insurance processing for clients utilizing insurance. We except credit cards, cash, checks as well as health savings/flex cards. There will be a \$25.00 service charge of all returned checks.

Up to 2 missed appointments can be charged at \$50 each unless canceled at least 24 hours in advance. A third missed appointment can be billed at the full rate of \$180. After 3 missed sessions, or sessions canceled less than 24 hours before the scheduled appointment, I reserve the right to terminate our professional counseling relationship.

We agree to these terms and will abide by these guidelines. I may ask questions pertaining to this document at any time.

Client signature _____ Date _____

Parent/Guardian _____ Date _____

Counselor's signature _____ Date _____