**LCMHCS PROFESSIONAL DISCLOSURE STATMENT**

**Cindy H. Noble, M.S.Ed., LCMHCS**

**Phone: (919)414-6856**

 I am pleased to be able to work with you as your counselor. Following is some information that may be useful for you to know as we begin working together.

 I hold a Master’s Degree in Education in the field of Counseling Psychology. I received my degree from the University of Kansas in 1991. I received my LPC (Licensed Professional Counselor) Licensure in North Carolina in December, 1996 (license number 2675). I have been working as a counselor for adults since 1993. I received my LPC Supervisor Licensure in 2014. This title has since changed to LCMHCS (Licensed Clinical Mental Health Counselor Supervisor).

**COUNSELING APPROACH**

 My approach is based on individual need but I rely on approaches from Aaron Beck’s “Cognitive Therapy,” Murray Bowen’s “Family Systems Therapy,” and concepts and tools of “Cognitive Behavioral Therapy” developed by Dr. David Burns. If you wish to learn more about these approaches, I will be glad to explain them, or you may do some research on your own.

 I believe the most effective targets of change are thoughts and behaviors. It is becoming increasingly evident that the way we think and act/respond directly influences our emotional state. I often take a psychoeducational approach and teach people specific skills in tackling problems or improving relationships so that when counseling is done there is a range of helpful tools to draw from in order to maintain wellness.

 I also believe that when an individual has a problem, it often affects and involves the entire family and the problem in often unknowingly maintained by a family’s maladaptive behavior patterns. Although I may be meeting with you alone, we may briefly explore your family history and if we both agree, other family members may be invited to some appointments to explore family patterns as a way of helping us focus on areas to change.

 In order for counseling to be most effective, work will need to be done by you outside of our appointment times in the form of homework and practicing new tools and skills. Together we will formulate a plan to help you reach your counseling goals. We will also periodically check your progress and modify the treatment plan as needed. It is impossible to guarantee any specific results regarding goals we establish. However, I urge you to communicate openly about what works and doesn’t work over the course of counseling so that I can provide you with the most valuable service.

**POPULATION SERVED**

I work with adults who experience a wide variety of problems, ranging from difficulty coping with stressful life events to severe anxiety, depression, or other debilitating symptoms. Referral to a psychiatrist may be recommended in some cases as an adjunct to our work together. Special areas of interest I have are helping people with family issues ,spiritual struggles, relationships, communication, parenting, and depression and anxiety problems. As a Christian, I know it is important for some clients to seek a Christian based approach to counseling and I will be happy to provide that if this is a desire expressed by you.

**COUNSELING SESSIONS**

 The initial evaluation will be 60 minutes in duration. Duration of subsequent sessions is 50 minutes. Together we will decide upon the frequency of sessions. If you are unable to keep a scheduled appointment, you must call to cancel at least 24 hours in advance. Otherwise, you will be charged for the session you missed. I do not accept cancellations or appointment changes via email. You may call or text me to make changes to your appointments.

**FEES/METHOD OF PAYMENT/INSURANCE REIMBURSEMENT**

 I charge $165 for the initial assessment and $165 per subsequent 50 minute sessions. If you have a copay or are paying a deductible or out of pocket, the payment will be expected at each session. Cash, checks, Mastercard, Visa, American Express and Discover Cards are accepted.

 It is your responsibility to contact your insurance company to determine your benefits, copay, session limits, etc…. If an authorization is required you must obtain this before your first session. If I am a contracted provider with your insurance company I do all filing related to claims.

 If you are not covered by a health insurance plan or choose to pay out of pocket, I will discuss the option of providing counseling services at a mutually agreed upon reduced fee, based on need. (Sliding fee agreed upon is $\_\_\_\_\_\_\_\_\_ for initial session and $\_\_\_\_\_\_\_\_\_ per 50 minute session.)

**Court Appearances, Testimony, Depositions, or Expert Opinion:** The charge is $800 per day or any part thereof when I have one week or more notice (including a subpoena) and $1,200 per day or any part thereof when less than one week’s notice (including a subpoena) is given. These services are not reimbursable through insurance.

**EXPLANATION OF DUAL RELATIONSHIPS/CONTACT OUTSIDE OF COUNSELING**

 Our sessions will concentrate exclusively on your concerns. In order to serve you better and maintain the ethical standards of my profession, our relationship will need to remain strictly professional. Any social contact outside of our counseling sessions is discouraged. Although you will be learning about me as well in the context of our sessions together, it is important to remember that you are experiencing me in my professional role. Phone calls between sessions are limited to appointment scheduling or rescheduling or to urgent matters related to your health and safety. Messages left on my voicemail are confidential and cannot be accessed by anyone else.

**CONFIDENTIALITY**

 With the exception of special circumstances, any information you provide me is kept confidential. I will do my best to maintain your right to privacy. Specific conditions under which release of information may be permitted and/or required by law and professional ethics are: 1) you present a threat of physical harm to yourself or to others; 2) when I suspect abuse or neglect of children or disabled or elderly adults; or 3) when I am court ordered to release information. In order to release information for any other reason, you are required to sign a consent for release of information form.

**ASSIGNMENT OF DIAGNOSIS**

 Insurance companies require that a diagnosis be given when filing claims. This then becomes a part of your permanent client record. I will be happy to discuss this with you should you have any questions.

**COMPLAINT PROCEDURES**

 I abide by the ACA Code of Ethics (http://www.counseling.org/Resources/CodeOfEthics).If you are dissatisfied with any services provided by me or if you feel you have been treated unfairly or unethically, I urge you to discuss your concerns with me so that we can work to resolve them together. If we cannot resolve the problem together, please contact the North Carolina Board of Licensed Clinical Mental Health Counselors at P.O. Box 77819, Greensboro, NC 27417, (844)622-3572; [www.ncblcmhc.org](http://www.ncblcmhc.org) for clarification of your rights or to file a complaint.

 Please sign and date this form, which will be retained for my confidential records. A copy of this form will be provided to you.

**We agree to these terms and will abide by these guidelines.**

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CLIENT DATE

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COUNSELOR DATE