LCMHC Intern Professional Disclosure Statement

Purpose Statement –

This document is meant to supply you with a therapist's counseling background, information about counseling services offered, and your rights and ways to address any issues.

Therapist –

Andrew DiMartino, LCMHC Intern

Office: 7406 Chapel Hill Rd Ste J, Raleigh, NC 27607-5039
Phone: (919) 726-4005
Email: ADiMartino@CounselingProfessionalsPLLC.com

Thank you for selecting Counseling Professionals, PLLC and me for your counseling needs. I look forward to working with you in accomplishing your goals. Before we move forward in addressing what brought you to counseling, I would like you to review this disclosure statement, so that you can be informed about your rights and some information about me as your counselor.

Qualifications –

This statement will inform you of my background, counseling approaches, and your rights. This document is mandated by both North Carolina Administrative Codes Rule .0204 of Chapter 53, Title 21 and the LPC Act Section 90343. If you have any questions, please feel free to discuss them with me at any time.

I have a BS in Finance from Seton Hall University, South Orange New Jersey which I obtained in December 2004. I have been enrolled at the University of Cumberlands as a part time master's degree student which I have completed all course work for. I am now in practicum and internship phase of my degree and will be completing my program in May of 2024.

Counseling Services/Theoretical Approaches –

I am currently enrolled at the University of Cumberlands as MA student majoring in Mental Health Counseling. I started working as an intern in May of 2023 at Counseling Professionals PLLC in the Raleigh, NC office. The population I served during my time at Counseling Professionals are young adult to adult of varying ethnic, cultural backgrounds.

Session Fees and Length of Service –

Counseling services may range in price based on the circumstances of the client and what the counselor agrees will be appropriate compensation. It is my belief that everyone should have counseling available to them, no matter their economic status. Regular fees for therapy range around 120 dollars, special circumstances can be negotiated for less. I do take insurance from As an Intern, I cannot take any insurance and only work with flat rate and pro bono billing, and a few smaller panels at present. Please check with your insurance plan coverage as providers, a deductible and copay may vary based on your plan. Conditions of counseling through insurance companies and private providers come with some conditions and your provider should be contacted or your policy reviewed to know what counseling is covered. Counseling services that do require assessment tools that are licensed by the copyright holder do

require a fee that is paid by the client, who is charged a fee for use of that assessment tool. Any payment at Counseling Professionals, PLLC can be done with cash or credit card. No show fees are set by Counseling Professionals, PLLC at $30.00 dollars, but can be waved at the counselor's discretion within limits to account for unexpected and uncontrollable circumstances.

Most sessions last approximately 50 minutes and averaged over three sessions to address a specific individual issue, but session length and number of sessions can vary greatly between clients based on services needed. Specific issue sessions can be addressed in as little as one session for less than a full hour. Larger, long term issues may take many sessions and may be referred to a more specialized professional or include a team of professionals if needed and agreed to by the client. These decisions are determined by the desires of the client and the intricacy of the issues presented and the resources available at Counseling Professionals, PLLC to address clients' needs in the most efficient manner available.

Group sessions will be set by the leading provider for the group as a flat rate between $40 and $100 dollars. Sliding fees are possible on an as needed basis and left to the discretion of the group leader. Group members who have insurance that covers group sessions, please confirm with their insurance provider that group therapy is covered in their plan and are responsible to inform Counseling Professionals PLLC and the group leader. If coverage is denied, then group members will be expected to pay for the group per session rate.

Group sessions may last between 60 and 120 minutes based on group. Please check the group outline when signing up. Weekly group sessions might be cancelled due to holidays or the group leader's discretion. All cancellations will be discussed a week in advance. Groups can be open (ongoing group and open to new members as it goes on) or closed group (only has a set number of members from start to finish for a set period of time). Group members admitted to the group are expected to attend sessions. Group members are encouraged to talk with the Group Leader at least 48 hours prior to the meeting's time if they are unable to make that week's session. Group members who cancel after the 48-hour window will be charged a no-show fee set by the Group Leader. However, a no-show fee can be waved at the group leader's discretion within limits to account for unexpected and uncontrollable circumstances.

Use of Diagnosis –

Diagnoses are used by mental health professionals to determine treatment approaches. Diagnoses are recorded and kept on the facilities records and are confidential and only shared with the client on the discretion of the counselor and can only be shared with others upon request by the client. If the client is filing for reimbursement under their insurance plan, a diagnosis must be released to most insurance companies for reimbursement. Reimbursement by insurance companies for counseling is subject to the review of the insurance company and your policy should be reviewed to verify coverage for counseling. Any diagnosis will be part of your insurance records and by filing for insurance coverage at our office will be considered consent for release of this information for your coverage. The counselor will also verify in certain circumstances if this release is desired by the client if any potential harm is possible or foreseen by the counselor.

Confidentiality –

All information shared with the counselor at Counseling Professionals, PLLC can be shared with other mental health professionals and staff at the same facility based on the needs of the client, but remains confidential from all other outside sources. By state law, I am required to keep client information confidential unless a client is a danger to themselves or others. I am also required to report child or elder abuse. I might also be ordered to release records by the courts. In any situation, the client will be informed of the process as it occurs and I will advocate for limited disclosure based on the wishes of the client and

circumstances of the release of information based on the situation and on the ethical standards of the NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) and National Board of Certified Counselors. Records can be released to specific parties and other medical professionals by the client through signing a Release of Information Form. If I feel that my records could be damaging to the counseling relationship or the safety of the client, I reserve the right to limit my disclosure of my records to the client. All of our correspondences by any means will be recorded and can be requested.

Everything discussed in a group session will remain confidential by the Group Leader. Group members are expected to keep confidentiality of the other members but are not held to the same standard as Group Leaders or therapists. Disclosure of information to the group is at the discretion of the participants. The Group Leader is not responsible for the confidentiality of the members. This includes the names of other group members. If a group member violates confidentiality and it is brought to the attention of the Group Leader, then that participant will be removed from the group after confirming that disclosure did happen. If the group leader believes that someone is in danger to themselves or others, then it is the group leader's professional obligation to take direct action through disclosure to the appropriate authorities to keep everyone safe. The group leader is also required to report suspected child or elder abuse. The group leader might also be ordered to release records by the courts. In any situation, the group members will be informed of the process as it occurs, and the group leader will advocate for limited disclosure based on the wishes of the client and circumstances of the release of information based on the situation and on the ethical standards of the group leaders license and governing board and the North Carolina Board of Licensed Clinical Mental Health Counselors as the governing body of Counseling Professionals PLLC. Records can be released to specific parties and other medical professionals by the client through signing a Release of Information Form. If the group leader feels that the records could be damaging to the counseling relationship or the safety of the client or the group, they reserve the right to limit the disclosure of the records to the client. All correspondences by any means will be recorded and can be requested.

Contact Information –

I am in the office Saturday from 8 am to 12 pm, Monday and Wednesday from 5 pm to 8 pm. Adjustments can be made by requests and on exception. Holiday times may adjust availability. I can be contacted through Counseling Professionals, PLLC by phone at (919) 726-4005 or through mail at 7406 Chapel Hill Rd Ste J, Raleigh, NC 27607 or by email at ADiMartino@CounselingProfessionalsPLLC.com. Please allow for 24 hours for me to return your calls or emails during those days and 48 hours across Sundays and holidays. If there is a crisis that occurs outside of my office hours and you are unsure who to call, contact your nearest emergency room at 9-1-1.

Complaint Procedures –

If you are dissatisfied with any aspect of my work, please inform me immediately, so we can attempt to make corrective actions to meet your needs. This will help us to build a trusting relationship that ensures that your goals are met efficiently and effectively. If you think that you have been treated unfairly or in an unethical manner by me, or by any counselor, and are not comfortable discussing the issue with me or anyone at Counseling Professionals, PLLC. You can contact my supervisor (if associate level) or the NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC):

NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)
P.O. Box 77819
Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450

Web Resources and Form for complaints: https://www.ncblpc.org/Complaints

The NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) can help you get clarification on clients' rights or report a complaint. Should you have any questions, feel free to ask me or the NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC). You can also reference the ACA Ethical codes that I abide by in my practice at (http://www.counseling.org/resources/aca-code-of-ethics.pdf).

If I have a supervisor or am a provisionally licensed clinical mental health counselor and receiving supervision, their information is below. Part of supervision includes sharing confidential information about my clients with my supervisor in order to ensure optimal and ethical care for my clients. By signing this form, you are acknowledging and giving permission for me to discuss our work together during supervision.

Supervisor: CJ Leach MS NCC LCMHCS
Address: 7406 Chapel Hill Rd Ste J, Raleigh, NC 27607-5039
Phone: (919) 726-4005
Email: CJLeach@CounselingProfessionalsPLLC.com

Please sign and date both copies of this form. A copy for your records will be returned to you and I will retain a copy in my confidential records. This document was last update 01/11/2023. The most up to date version of this document can be found on our website at http://CounselingProfessionalsPLLC.com/therapists.html under Andrew DiMartino, LCMHC Intern profile. An updated copy can also be requested from Operator@CounselingProfessionalsPLLC.com or from your provider at ADiMartino@CounselingProfessionalsPLLC.com.

Acceptance of Terms –

I voluntarily give my consent for evaluation and counseling services to be provided Andrew DiMartino, LCMHC Intern. I understand that I may withdraw myself (or the client) at any time from treatment and refuse any treatment offered.

We agree to these terms and will abide by the guidelines outlined above.

_____ _____
Typed or Printed Name of Client Typed or Printed Name of Guardian

_____ ___/___/_____ _____
Signature of Client or Guardian Date Relation to Client if Guardian

_____ ___/___/_____
Signature of Witness or Therapist Date