

MARY M. HINSON, Ph.D, LCMHCS, CCMHC, ACS

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Professional Disclosure Statement

Mary Hinson is a Licensed Clinical Mental Health Counselor Supervisor in the state of North Carolina (#S6435), Prepare-Enrich Facilitator (#1343017), Certified Clinical Mental Health Counselor, Approved Clinical Supervisor, Emotionally Focused Therapy Certified, and a National Certified Counselor (#225312). She has earned a Doctoral degree in Counselor Education and Supervision, with an emphasis in Community Counseling, from the College of William and Mary. She holds a Master's degree in Agency Counseling from North Carolina Central University. She is a member of the American Counseling Association as well as several national and state divisions of counseling and counselor education and supervision.

Dr. Hinson has training and experience in individual, group, and family counseling. This training and experience includes working with clients ranging from adolescence through adulthood in a variety of therapeutic settings, to include private practice, community settings, inpatient/outpatient facilities, intensive in-home programs across the past ten years. This has afforded her the opportunity to work with a variety of multicultural clients and client issues, to include mental illness (e.g., depression, anxiety, schizophrenia, etc.), behavioral disorders (e.g. Conduct Disorder, Disruptive Disorder, etc.) crisis intervention, interpersonal dynamics, parenting, self-esteem work, and stress management. She primarily employs Emotional Focused Therapy and the Cognitive Behavioral Theory with an Emotionally Focused Therapy framework, a variety of interventions including narrative therapy, role-play, and the empowerment approach. Any assessments resulting in diagnosis will become a permanent part of the clients' record

Dr. Hinson's training includes coursework and supervised internship experiences in her master-level and doctoral programs as well as presentations at the state levels. In addition, she has training and experience in individual and group supervision of counselors-in-training working with legitimate clients in a variety of counseling settings.

Counseling fees are charged to reflect the community standard of \$150/hour for couples and \$130/hour for individual sessions with consideration of the client's ability to pay. Typically, an invoice will be sent prior to the session confirming your time slot. Invoices can be paid with all major credit/bank cards. Health Spending Account cards are acceptable forms of payment as well. Dr. Hinson can also provide a super bill for insurance company reimbursement for services rendered. Missed appointments and late cancellations (less than 6 hours prior) will be charged \$75.00.

Clients are provided with Mary Hinson office address, email address, and mobile phone numbers. Clients are asked to call Dr. Hinson if an emergency occurs during and after business hours at (910) 703-7509. Dr. Hinson also provides each client with the names and phone numbers of agencies that are mobile and respond to crisis situations.

All information disclosed during counseling sessions is subjected to confidentiality. The exceptions to confidentiality include discovery of abuse occurring or self-harm and harm to others. If Dr. Hinson

becomes aware of abuse as determined by the state law, as a mandated reporter, a report would be filed with Child/Adult Protective Services. If the client poses a risk to themselves or others, the counselor would seek appropriate assistance from local psychiatric care facilities or communicate concerns with local authorities.

Dr. Hinson follows the ACA, ACS and the NBCC Code of Ethics and the Standards for the Ethical Practice of Clinical Supervision (located online).

To register a complaint you may contact the Board Office at:

North Carolina Board of Licensed Clinical Mental Health Counselors

P. O. Box 77819, Greensboro, NC 27403, Phone: 844.622.3572, E-mail: LCMHCinfo@ncblcmhc.org

By signing below, you (the client) acknowledge (1) having the opportunity to discuss this Professional Disclosure Statement and (2) having been given a copy of this document.

Counselor signature and date

Client/Guardian signature and date

Client signature and date (if applicable)