

Professional Disclosure Document

Anna Taylor

Counseling Intern: Wake Forest University Masters in Clinical Mental Health Counseling Candidate

Address: 3410 Healy Dr. Suite 207, Winston Salem, NC 27103

Phone: 336-793-7005

Cell Phone: 919- 612-4594

Fax: 336-999-8025

Email: Anna@NewLifeWinston.com

Web Address: www.NewLifeWinston.com

Qualifications: I earned a Bachelor degree in Psychology from North Carolina State University in 2018 in **Raleigh, NC**. I am currently a student in the Master of Arts in Counseling program at Wake Forest University in Winston Salem, NC.

Counseling Background: I have previously worked as a clinical intern with children, teens, and families who may have experienced trauma, anxiety, depression, family separation, ADHD, PTSD, suicidal ideation, or behavioral concerns.

My current site supervisor is Donna Dunlap, a licensed professional counselor (LPC), and her email is donna@newlifecounsel.com. My clinical program supervisor is Dr. Jennifer Rogers, and her email is rogersjl@wfu.edu.

In individual sessions I utilize therapeutic techniques that include unconditional positive regard for my client, which is the ultimate foundation that creates a trusting, warm, therapeutic relationship. I use cognitive defusion to help clients observe their thoughts with the goal of full thought acceptance without feeling controlled by these thoughts. Mindfulness and focusing on the present are adjunct to this technique. In addition, Adlerian approaches such as individualism, encouragement, and the significance of one's family constellation are present in my counseling work.

In group sessions I utilize therapeutic methods that focus on honesty and genuine expression, experiencing and sharing emotion, relaying feedback to one another, focusing on current process rather than content, substantial self-disclosure, development of trust with others, and examining relationship behaviors.

Counseling Services: I provide counseling services to individuals including children and adolescents ages 3 to 17, and adults of all ages. A standard counseling session is 50 minutes in length (extended time for sessions can be arranged). Group therapy sessions are 1 ½ -2 ½ hours depending on the group size and meeting location. The scheduling needs and frequency of sessions will be determined on a case-by-case basis. Counseling services are provided at the New Life Counseling Center, PLLC office located on Healy Drive. Counseling services are offered to anyone without regard to age, gender, race, sexual orientation, ability, and/or religion.

Fees and Payments: A brief (10-15 min) screening is offered at no-charge and may be conducted in-person or by telephone as time allows. In-office individual sessions are \$20 per 50 minute session. In-office group therapy is \$20 per 50 minutes session. Payment is due at the time of service for in-office sessions. Payment can be made by cash, check or by credit card. There is no sliding fee schedule at this time. We don't accept Medicaid at this time.

FEES AND SERVICES:

- **Free Screening:** A brief (10-15 min) screening with the Practice Director is offered at no-charge and may be conducted in-person or by telephone as time allows.
- **Telephone Consults:** There is no charge for brief telephone calls with clients. Calls exceeding 5 minutes are charged at the rate of \$20 per 10 minute time unit. Health insurance won't cover the cost of Telephone Consults.

IN-OFFICE SERVICES:

- **Full-Length Sessions:** \$20 per 50 minute hour for Individual Office Session. \$20 for 50 minute couples and family sessions (additional \$10 for high conflict cases). Additional session time, if time allows, is billed in 10 minute units at \$5 per unit. If you arrive more than 10 minutes late for your session, your session may be rescheduled.
- **Extended Sessions:** Individuals, Couples or Families may choose longer session times. Couples and families often need and/or benefit from having additional time. It is preferable that these are scheduled in advance but the time may be extended, if time allows, and after 50 minutes is billed in 10 minute units at \$5 per unit including a 10 minute break for each hour.
- **Groups:** \$20 per 1 1/4 hour for In-Office Groups. Longer Groups to be determined based on time.
- **Crisis Sessions:** \$30 for the first hour plus \$10 for each additional 30 minute unit.

SERVICES THAT MAY BE PROVIDED INSIDE OR OUTSIDE OF THE OFFICE:

- **"Prolonged Exposure with Response Prevention" Sessions:** These sessions typically take more than 50 minutes. This is often performed in a community setting and may include travel and other incidental expenses.

Payment is due at the time of service. Payment can be made by cash, check or by credit card. The NSF fee for a bad check is \$40. Any unpaid balance after 30 days may be reported to the credit reporting agencies and/or forwarded to collections, and may accrue additional fees from the collections company as well as a \$50 late fee applied monthly. Any unpaid balances at the end of the year may be reported to the Internal Revenue Service as "bad debt". These situations are highly problematic to the therapeutic relationship and can easily be averted by paying for your services in a timely manner.

Use of Diagnosis: If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis. Intern level therapists may not bill insurance and as such your diagnosis won't be shared except as provided for below.

Social Media: Although I may participate in a number of social media activities, I maintain clear boundaries between my personal and professional life. Please don't be offended, but I do not accept requests for connection through social media sites from my clients, former clients or their family members.

Electronic Communication: During the initial gathering of data, I will ask you for an e-mail address and ask permission to send you information regarding appointments and other business matters via e-mail. You have

the right to deny me this information. Confidentiality of information shared through e-mail or text cannot be guaranteed. If you give me permission to contact you through e-mail or text, you accept responsibility for any breach of confidentiality. As a general rule, I do not do therapy via e-mail, on-line chat, text, or phone. I do not routinely use Skype or other video methods for therapy sessions; however, in special circumstances a meeting via a HIPAA compliant video method may be conducted.

Cancellations and Missed Appointments: You have the responsibility to be on time for your appointments. If you are unable to keep your office appointment, you must provide 24-hour notice (by 2:00 pm on Friday for Monday appointments) or you will be billed \$20 for the missed session. If you miss more than 2 appointments, I reserve the right to place you on a same-day scheduling status. Excessive cancellation with more than 24 hour notice may result in you losing your standing appointment status.

Confidentiality: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. All of the employees/business associates in my agency are responsible for maintaining secrecy and confidentiality of all client records. In addition, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. All of our communication becomes part of the clinical record, which is accessible by you upon request. However, therapy notes may not be released, at my discretion, without a court order signed by a judge. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions. These exceptions include, but are not limited to, the following situations:

1. If I determine that you may be a danger to yourself or others.
2. If you provide information that leads me to believe that a child (under 18 years of age), elderly person (65 or older), or a disabled adult is or has been abused or neglected.
3. A court order requires me to release information about you and your clinical record (see Forensic Fee Agreement).
4. If you request in writing that I may release information about you (see Forensic Fee Agreement).
5. With my Internship Supervisor at New Life Counseling Center, PLLC for the purposes of improving clinical care and enhancing my skills and techniques as a developing therapist.
6. With my Internship Professor at Wake Forest University for the purposes of improving clinical care and enhancing my skills and techniques as a developing therapist.
7. (With your identifying characteristics excluded) with classmates in the internships studies class for the purpose of enhancing the learning experience and skill development of the student cohort in the Counseling Internship class.

Consent to Record Counseling Interviews: Clients will have the opportunity to participate in or decline having their session(s) audio recorded for the purpose of supervisors' evaluation of my skills and methods of therapy. These recordings are a part of completing the clinical internship requirements at Wake Forest University. They will be used only for the purpose of providing clinical supervision to the counselor-in-training, either at Wake Forest University or at New Life Counseling Center, PLLC. Any person involved in providing or receiving clinical supervision is bound to the same ethical principles of confidentiality as professionals providing counseling. All recordings of counseling sessions will be erased no later than the end of the present semester. An individual can decline permission to record a session, and can withdraw this permission to record at any time.

Client Rights: I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe may not be beneficial or may be harmful.

Contact Information: The best way to contact me is at **336-793-7005** or at my cell phone number **919-612-4594**. If you contact me by phone, you can leave a confidential message for me through my voicemail or with the answering service. I check my voicemail throughout the business day between appointments as time allows, but always at the end of the business day (weekends and holidays are excluded). In an emergency, please call 911, the Winston Salem 24-hour mental health center at 1-888-581-9988, the National Hopeline Network at 1-800-784-2433, (1-800-SUICIDE) or go to your local emergency room. The physical address of the practice is 3410 Healy Dr, Suite 207, Winston Salem, NC 27103

Complaint Procedures: If at any time you become dissatisfied with any aspect of your counseling experience, please inform me or the director of NLCC, Donna Dunlap immediately. I abide by the ACA Code of Ethics which can be found at the following web address: <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>. If you believe that you have been treated unethically by me (or any other counselor) and you have been unable to resolve the matter with me or my supervisor, you may contact:

North Carolina Board of Licensed Professional Counselors

PO Box 77819
Greensboro, NC 27417
Phone: 844-622-3572
Fax: 336-217-9450
E-mail: LPCinfo@ncblpc.org

I have read and received a copy of this professional statement for my records:

Client Signature: _____ Date: _____

Parent Signature (clients under 18): _____ Date: _____

Therapist signature: _____ Date: _____