

Professional Disclosure Statement

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My Qualifications: I am a Licensed Professional Counselor. I am pleased to offer my counseling services to you. This document is intended to inform you about my educational background and experience as well as the details about policies and procedures at New Life Counseling Center, PLLC, in order to insure that you have an understanding of our professional relationship. I hold a Bachelor of Arts Degree in Psychology, which I received from Lenoir Rhyne University in Hickory, North Carolina in May 2007. I hold a Master of Arts Degree in Agency Counseling, which I received from Lenoir Rhyne University in Hickory, North Carolina in August 2010. I currently hold the license of Licensed Professional Counselor in the state of North Carolina. I am a member of the American Counseling Association.

I have three years of undergraduate experience with victims who have experienced severe domestic violence and trauma in addition to providing crisis intervention services. This experience has provided me with the opportunity to aid clients in resolving intricate life situations. My theoretical orientation is eclectic with a heavy emphasis on Person Centered and Cognitive Behavioral Therapy as well as Dialectical Behavioral Therapy. I place focus on therapies that provide the opportunity to focus on the human potential for growth with an emphasis on freedom, meaning, self-determination, choice and responsibility. I have nine years of post-graduate mental health experience including outpatient therapy working with individuals, groups and providing crisis intervention services. I am currently a contract therapist with New Life Counseling Center, PLLC and I am happy to have the opportunity to meet you and provide treatment services to you.

Counseling Services: I provide counseling services to individuals including adolescents ages 13 to 17, and adults of all ages. A standard counseling session is 53 minutes in length (extended time for sessions can be arranged). Group therapy sessions are 1 -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 office located on Healy Dr. Counseling services are offered to anyone without regard to age, color, disability, ethnic group, gender, race, and/or religion.

In-office, individual session rates: 41-53 minute sessions/\$130, 54-75 minute extended session/\$160. Couples/Family: \$140 for 41-53 minute sessions. Additional times calculated at \$20 per 10 minute unit. Extended sessions should be scheduled in advance so as not to inconvenience the next client on the schedule. Insurance companies WILL NOT pay for extended sessions except in cases of crisis. Fees for sessions lasting longer than 53 minutes are the client's responsibility. We don't offer therapy sessions under 40 minutes as we believe that it's impossible to do justice to the therapeutic process in such a brief time. Clients who wish to request a brief coaching session, (40 minute or less --\$100 not covered by insurance) or an extended session (54 minutes or longer) must make special arrangements with their therapist in advance, all other sessions are assumed to be 53 minutes and may be scheduled on the client portal if your therapist utilizes this option.

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.

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, however we will gladly bill the insurance company for those clients who have insurance coverage. This is done as a courtesy to you and doesn't guarantee that your insurance will cover all or a part of your therapy. You are responsible for any unpaid

balances. 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 your bill in a timely manner.

Use of Diagnosis: Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most insurance companies will require a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records

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 \$100 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 to 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 certain 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 has been issued to release information about you and your clinical record.
4. If you request in writing that I may release information about you.

Client Rights: I am an independent contractor who provides services to New Life Counseling Center, PLLC's clients. I assume full responsibility for my actions in the provision of services, scheduling, insurance billing and collections. I determine how, when and where I provide services, within the confines of the operating hours of the

practice and the agreed upon fees. 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 through my cell phone at **704-832-5339**. If you contact me by phone, you can leave a confidential message for me through my voicemail. 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 Donna Dunlap (NLCC Director) 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, 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: _____