

Professional Disclosure Document

Susannah Cecil, Med, NCC, LPC, RYT-200
Licensed Professional Counselor, Registered Yoga Teacher
Licenses and Certifications: Licensed Professional Counselor, NC # 2047
Address: 3410 Healy Dr. Suite 207, Winston Salem, NC 27103
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Qualifications: I earned my Master of Education in Community Agency Counseling from University of North Carolina at Greensboro (1992) and have over 15 years post-graduate experience serving many diverse groups and people with a wide variety of backgrounds.

Counseling Services: My services include work with adults, adolescents, children/families and group work. I employ evidence-based treatments for mood disorders, anxiety, binge eating disorder, grief & loss. Specifically, my counseling approach is cognitive-behavioral, using dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), mindfulness based stress reduction (MBSR), and compassion focused therapy (CFT). For clients with a stated preference, I offer faith-based counseling using these same approaches from a Christian perspective. I also employ Mind-Body work as part of my clinical practice. This includes, but is not limited to, the therapeutic use of yoga, breathing practices & relaxation techniques. I have developed a group therapy model blending restorative yoga and behavioral health principles to address chronic stress, anxiety/depression, emotional dysregulation, and body image concerns. I approach each person as an individual, and will tailor my counseling approach for each person. If for any reason I believe that I lack the training or experience necessary to work with your particular difficulty, I will refer you to another professional who is prepared to work more effectively with your stated concerns.

Counseling Background I've worked in the field of Human Services in the Winston-Salem area for more than 15 years beginning in 1992. I have professional experience in inpatient, outpatient, and private practice settings. I have experiences working with children, adolescents, adults, couples, families and groups.

Fees and Payments: 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.

In-office, individual/couples/family session rates are: 41-53 minute sessions/\$120, 54-75 minute extended session/\$150. Additional times are calculated in 10 minute increments at the rate of \$20 per 10 min. increment. 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.

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 or you will be billed \$80 for the missed session except in case of an emergency, and unless my agreement with your insurance company disallows it. If you don't call to cancel you will be charged the full session fee. If you miss more than 2 appointments, I reserve the right to place you on a walk-in only basis. That means that a specific appointment time will not be made for you, but you will be seen based on my availability on a first-come, first-served basis.

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 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 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 **336-918-1445**. 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 for Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@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: _____