LCMHC Professional Disclosure Statement

Erin Cooley-Gross, LCMHC

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**Qualifications**

* Qualified Supervisor LCMHC, QS 141506
* Licensed Clinical Mental Health Counselor LCMHC #11045 03/7/2017
* Licensed Professional Counselor Associate 08/2014
* 9 Years’ of Licensed Experience:

**Counseling Background**

I have served the community as a trauma therapist for over 9 years, specializing in young adults and children. My passion is serving women, children and families. I believe in the strength of the relationship between parent and child, and their natural ability to self-regulate and achieve success. I guide parents and children to communicate effectively, understand their own internal motivation and to strive for stronger relationships. I also recognize the impact that trauma plays on the individual and the family and can guide clients through the healing process. My overall style is one of inclusion, openness, and unconditional positive regard. I also enjoy bringing play into each of my sessions and believe laughter can be as healing as tears. I am trained in CPT (cognitive processing therapy) and EMDR (eye movement desensitization reprocessing) and find both to be extremely effective for treating trauma/life stressors.

**Session Fees and Length of Service**

Session length is typically 45-60-minutes. • I accept most major insurances, you would be responsible for your specific co-pays & co-insurance depending on your plan. Self-pay patients $195 for the first 60-minute session and $185 for ongoing 60-minute sessions. If approved for a sliding scale fee, your fee is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the initial session and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for each following session. I take Credit card payments through the portal or in person, and also take cash or check.

**Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that 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.

**Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

**Complaints**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors   
P.O. Box 77819

Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

**Acceptance of Terms** <This section should remain the same>

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_