

**CLIENT DISCLOSURE STATEMENT**  
**Mollie Johnston, MACC, NCLPCA**  
**#A11483**

I am pleased that you have decided to come to counseling and honored that you have selected me as your counselor. This document is designed to provide you with information you need regarding my background and to ensure that you understand our professional relationship. We will discuss any questions about this information or other preliminary matters at the beginning of our work together.

I am a Licensed Professional Counselor Associate (LPCA #AI 1483) with the North Carolina Board of Professional Counselors. I have received my Masters of Arts degree in Christian Counseling from Gordon-Conwell Theological Seminary in Charlotte, North Carolina in 2014. I am co-counseling and counseling and receiving supervision from my clinical supervisor in order to grow as a counselor.

**Counseling Experience/Theoretical Approaches**

I am thankful I received good training in the counseling program at Gordon-Conwell Theological Seminary. My experience includes working for six months with incarcerated women through a ministry called Changed Choices. I counseled individual women and/or their children and received a variety of experience with depression, anxiety, addiction, insecurities, fears and hopes, life transitions, shame, abuse and childhood or family dynamics. Then, I worked at CMC-Main on the oncology floor for a year. I got the opportunity to speak to individuals and their families who were dealing with cancer and other diagnoses. I counseled individuals dealing with grief, death, family dynamics, stress, financial concerns, and other existential issues. In both settings, I used a blend of client-centered therapy, cognitive-behavioral therapy, solution-focused therapy, and experiential and existential therapies.

Much of our work together will also entail a similar approach as the authors Ors. Larry Crabb and Dan Allender. This approach focuses on looking at patterns of relating to others as a way of understanding how people think, believe, and behave in life. Because we look at patterns, we will be looking at your whole life, not just the present or immediate problem. We will talk about the pain you are experiencing, and we will talk about the strategies you employ to deal with that pain. Some of the issues we talk about may evoke some uncomfortable feelings of sadness, guilt, anxiety, anger, or frustration. In addition, some of our work may lead to what seems to be worsening circumstances or even losses. Despite these risks, our goal will always be to examine the struggles in light of Christ's love and sacrifice for us for your good. I believe that talking through both the pain and strategies you use to handle the pain will enable you to accept what you cannot change and find constructive ways, which are in your control, to work with present problems. Implicit in this process are the Biblical concepts of forgiveness, reconciliation, and character development. Fundamentally, the context of God's grace and His forgiveness enables positive change and growth to occur.

My clients are adult individuals and couples. I provide individual and marriage counseling. I am not equipped to work individually with severe medical or psychological issues, and therefore I will make appropriate medical or psychiatric referrals, as I deem necessary.

**Confidentiality**

The information you share with me as your counselor, including the fact that you are a client, will not be discussed outside the practice without your knowledge or consent, nor will your records be sent or shown to others without a signed release from you. As we work together, any exceptions to confidentiality will be identified as they arise. The legal standing of privileged communication is less clear in marital and family work where there are really multiple clients. Though, with a couple,

there are no secrets as the "marriage" is deemed the client. There are, however, a few exceptions to your individual privilege of confidential communication.

- a.) Danger to yourself or others. If you threaten to harm either yourself or others, or to commit a felony, and if I believe you might do this, I am under obligation under the law to protect any involved people from physical harm.
- b.) Child abuse. If I have reason to believe that you are abusing or neglecting a child, I am obligated under North Carolina law to report that to the Department of Social Services. You should also be aware that "social service agencies" define a broad range of events as reportable under child protection status, including various types of hitting which could not be construed as acceptable discipline, whether or not bruises are made. Also, there are times in which child abuse which occurred quite some time ago may be legally required to be reported; usually when the victim of past abuse is still under the age of 18. Thus far, I have not seen Social Services take any action in such cases of past abuse.
- c.) Domestic abuse. If I have reason to believe that you are abusing or neglecting another dependent or elderly adult; or that you are being abused or neglected yourself, I am obligated under North Carolina law to report that to the Department of Social Services.
- d.) Litigation and legal proceedings. In rare circumstances, associate counselors can be court ordered to release information.
- e.) Supervision. In my counseling ministry I have a policy of supervision to help guarantee that you receive quality of service. As an associate, while working toward licensure, I am required to meet with a supervisor who is a licensed supervisor approved by the board in North Carolina. For every 40 hours of counseling that I do, I am required to spend at least an hour with my supervisor in order to receive feedback in regard to my progress as a counselor. It requires that I often audiotape or videotape sessions so that I can share a part of the session with him. This way, my practice of my therapy can be thoroughly reviewed. Video or audiotape of our sessions will always be discussed individually prior to the occurrence. I will need your written permission in order to do so. Confidentiality is strictly maintained and the destruction of these tapes occurs after they have been used for their stated purpose. My current supervisor is Kurt Zuiderveen, LPCS #6732. He can be reached at (704) 365-4545 or by email at [kzuiderveen@thebarnabascenter.org](mailto:kzuiderveen@thebarnabascenter.org). The office address is 7615 Colony Road, Charlotte, NC 28226.

**Explanation of Dual Relationships**

Ethics require that I explain to my clients that the counseling relationship is strictly a professional relationship despite the fact that the information shared in a counseling session may be of a very personal nature. Ethics also require that all interactions between client and counselor be conducted in a professional manner.

**Length of Sessions**

Most counseling sessions run 50-55 minutes in length. Occasionally, it is necessary for a client to schedule a longer session if we seem to have trouble working within the hour time frame or if there is a problem with the frequency of visits. We will schedule our sessions in a fashion that is mutually agreeable to both parties.

**Cancellations**

If you are unable to keep a scheduled appointment, please let me know at least 24 business hours in advance; otherwise, full payment for the session is required. This policy exists because I believe that the counseling process is valuable and requires a level of investment and

because your scheduled appointment reserves time only for you, the client, to the exclusion of others. I will gladly work with you to accommodate your scheduling needs, as it is possible.

### **Fees and Method of Payment**

I will take payment by check, cash, or debit/credit card at the beginning of each session and receipts are available at your request. The client assumes full responsibility for all expenses for counseling. If applicable, a \$25 check fee will be charged for bounced checks.

The cost for each 50 minute session is \$135. The Barnabas Center Staff raises funds to finance scholarships for clients who need them. Scholarships are available upon request and will be granted by filling out a scholarship request form. A lower rate could be given based on this sliding scale:

| <b>Income</b>   | <b>Fees</b> |
|-----------------|-------------|
| Under \$25000   | \$55        |
| 25,001-40,000   | \$65        |
| 40,001-50,000   | \$75        |
| 50,001-65,000   | \$85        |
| 65,001-80,000   | \$95        |
| 80,001-100,00   | \$105       |
| Above \$100,000 | \$135       |

### **Insurance Payments**

Because I am working toward licensure, and because we are not in network, most insurance companies do not cover counseling sessions. However, should you think your insurance company may be an exception, you are welcome to contact them and file a claim. It may be that I need to provide information for them. Please be aware that any personal information or diagnosis provided to an insurance company can no longer be held to the same standard of confidentiality, and may become part of your permanent insurance record. Though you may not receive insurance benefits, you will be expected to pay for each session as it occurs.

### **Grievance Process**

If you are dissatisfied with any portion of your work with me, please inform me immediately. Part of therapy is to work out solutions in a safe environment. If you think you have been treated unfairly or unethically, the North Carolina Board of Licensed Professional Counselors has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors/associates, and unlicensed professionals who practice psychotherapy. Any questions, concerns, or complaints can be directed to either the North Carolina Board of Licensed Counselors, P. O. Box 77819, Greensboro, NC 27417 or to my supervisor Kurt Zuiderveen at The Barnabas Center: 7615 Colony Rd, Suite 200, Charlotte, 28226, by calling (704) 365-4545 or email at [kzuiderveen@thebarnabascenter.org](mailto:kzuiderveen@thebarnabascenter.org).

### **Consent to Treatment**

Please sign and date two copies of this form. You will be given one, and the other will stay in your file.

By signing below, I signify that I have read and understand (or have asked for clarification) of the information presented in this document.

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Client's Signature

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Client's Signature

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Counselor's Signature  
Mollie Johnston, MACC, LPCA