

CLIENT DISCLOSURE STATEMENT

Laurie W. Hobbs, MACC, LCMHCA
#A11971

I am pleased that you have chosen to receive counseling and honored that you have chosen me as your counselor. This document is designed to inform you about my background, ensure that you understand our professional relationship and document your understanding of and consent to treatment. We will discuss any questions about this information or other preliminary matters at the beginning of our work together.

I am a Licensed Clinical Mental Health Counselor Associate (LCMHCA #A11971) with the North Carolina Board of Professional Counselors. I received my Masters of Arts degree in Christian Counseling from Gordon-Conwell Theological Seminary in Charlotte, North Carolina in May, 2015. I am counseling and receiving supervision from my clinical supervisor in order to grow as a counselor.

Counseling Background /Theoretical Approach

During my practicum and internship as a graduate student, I counseled a total number of 422 hours including group and individual therapy over a period of two years in a church setting as well as with a ministry called Changed Choices that is a ministry to incarcerated women. During my graduate studies and under supervision I counseled clients from diverse backgrounds who were dealing with depression, anxiety, addiction, grief and loss, sexual abuse, shame, marital conflict and life transitions such as divorce or death of a loved one. I have worked with both individuals and couples. I am certified in Prepare Enrich curriculum which is a beneficial tool for pre-marital as well as married couples. I operate from a person centered approach which views my clients with empathy and from a non-judgmental viewpoint. I also may incorporate psychodynamic therapy, cognitive behavioral techniques and motivational interviewing in order to best help my client meet their stated goals.

Much of our work together will also entail a similar approach as the authors Drs. 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 the 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 of the practice without your knowledge or consent, nor will your records be sent to or shown to others without a signed release form 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 in reality multiple clients. 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 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 social services.
- d). Litigation and legal proceedings. In rare circumstances, counselors can be court ordered to release information.
- e). Supervision. In my counseling practice I have a policy of supervision to help guarantee that you receive quality service. As an associate, while working toward full 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 audio or video record sessions so that I can share a part of the session with him. This way, my practice of my therapy can be fully reviewed. Video or audio recording 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 recordings occurs after they have been used for their stated purpose. My current supervisor is Kurt Zuiderveen, LCMHCS #6732. He can be reached at (704) 365-4545 or by

email at kzuiderveen@thebarnabascenter.org. The office address is 7615 Colony Road #200, 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. It is typical for a client to begin their counseling by scheduling an appointment on a once per week basis. However, 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 as 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. Cancellations may be made by leaving me a message on my voice mail with the date and time.

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 \$155. 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:

Income	Fee
Under \$25,000	\$60
\$25,001-\$40,000	\$70
\$40,001-\$55,000	\$85
\$55,001-\$70,000	\$95
\$70,001-\$85,000	\$105
\$85,001-\$100,000	\$115
\$100,001-\$125,000	\$125
\$125,001-\$150,000	\$140
Above \$150,000	\$155

Your fee will be \$155 per session. Your scholarship fee will be _____ per session (to be determined upon

application review).

Insurance Payments

Because I am working toward licensure, and because I am 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 held to the same standard of confidentiality, and may become part of your permanent 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 Clinical Mental Health Counselors has the general responsibility of regulating the practice of licensed psychologist, licensed clinical social workers, licensed clinical mental health counselors/associates and unlicensed professionals who practice psychotherapy. Any questions, concerns, or complaints can be directed to either the North Carolina Board of Licensed Clinical Mental Health Counselors, P.O. Box 77819 Greensboro, NC 27417, at (844) 622-3572 or by email at complaints @ncblcmhc.org. I abide by the ACA Code of Ethics ([counseling.org/Resources/aca-code-of-ethics.pdf](https://www.counseling.org/Resources/aca-code-of-ethics.pdf)).

Please sign and date two copies of this form. You will be given a copy for your records, and I will retain a copy for my records.

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

Client #1 Signature

Date

Client #2 Signature

Date

Counselor's Signature

Date

Laurie W. Hobbs, MA, LCMHCA