

CLIENT DISCLOSURE STATEMENT
A. A. Pete Bondy, MA, LCMHC (#3994)
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I am pleased 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 today.

I am a "Licensed Clinical Mental Health Counselor" in North Carolina. I hold a Masters of Arts degree in Counseling from Colorado Christian University, which was completed in May 1995. I have been in practice as a counselor since January 1997. I joined The Barnabas Center on March 1, 2000.

**Counseling Services Offered/
Theoretical Approaches**

It is important that you understand from the outset of our counseling relationship that the intent of our work together is to enable deeper and more loving relationships with God and others. Over the years I have come to see that many of the non-medical problems we encounter grow out of difficulties in relationships. I believe that relationships provide the context in which people can see that their struggles with others and within themselves are foundational struggles with God. My purpose as a counselor is to help people find ways to move toward richer, fuller, more loving relationships with others and God - through greater dependency on Christ.

You can expect to work inside and outside of the counseling room. On occasion, I may request that you read books or interact with some assignment. Change is seldom quick and easy; therefore your consistent and ongoing effort will be very necessary.

The theoretical base for my work with you as a client will come from the concepts and ideas set forth by a variety of authors and teachers in the Christian counseling field, most notable are Drs. Larry Crabb and Dan Allender. This spiritual framework is integrated with perspectives of family systems, existential, psychodynamic and cognitive-behavioral understandings of how people work. My approach focuses on looking at patterns of relating to others as a way of understanding how you think, believe and behave towards life. Because we look at patterns, we will be looking at your whole life, not just the part of your life dealing with an immediate problem. We will talk about the pain that you are experiencing and we will talk about the strategies you are employing to deal with that pain. Some of the issues we deal with may evoke some uncomfortable feelings like sadness, guilt, anxiety, anger or frustration. In addition, some of our work may lead to what seems to be worsening circumstances or even losses (for example, the result of counseling cannot promise that a marriage will stay together). Despite these risks, our goal will always be to examine the struggles in light of Christ's love and sacrifice for us.

I believe that talking through both the pain and the 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, couples, and families. At times my work includes adolescents ages 15 and up. Most of the clients I work with seek counseling due to a variety of relational and personal issues, such as anxiety, depression, and interpersonal conflict. I provide both individual and marriage counseling.

I am not equipped to work individually with severe medical or psychological issues, and therefore 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 to 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. 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. Supervision. In my counseling ministry I have a policy of supervision to help guarantee that you receive quality service. Consequently, your case may be discussed with my supervisor and other counselors as necessary. My supervision occasionally requires that I videotape or audiotape counseling sessions wherein my practice of therapy is reviewed. Videotape or audiotape of our sessions will always be at your written consent and will be discussed individually prior to the occurrence. Confidentiality is strictly maintained and the destruction of these tapes occurs after they have been used for their stated purpose.

e. Litigation and legal proceedings. In rare circumstances, counselors can be court ordered to release information.

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 (usually an hour and a half or two hours) 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-a-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 call to **cancel or reschedule at least 24 business hours in advance.** Otherwise, full payment for the session is required. This is because making an appointment reserves that time session only for you, the client, to the exclusion of others. Cancellations may be made by leaving a recorded message on my voice mail with the date and time.

Fees and Method of Payment

I will take payment by check, cash or credit/debit 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 returned check fee will be charged.

The cost for each 50-minutes session is \$165. The Barnabas Center staff raises funds to finance scholarships for clients who need them. Scholarships are available upon request and will be granted as available based on the sliding scale [annual gross household income]:

Income	Fee
Under \$25,001	\$75
\$25,001-\$40,000	\$85
\$40,001-\$55,000	\$100
\$55,001-\$70,000	\$110
\$70,001-\$85,000	\$120
\$85,001-\$100,000	\$130
\$100,001-\$125,000	\$140
\$125,001-\$150,000	\$155
Above \$150	\$165

Applications for scholarship may be requested in person or by telephone through the office administrator.

Your fee will be \$165 per session. Your scholarship fee will be _____ per session (to be determined upon application review).

Insurance Payments

Because I am not working with a full-time Psychologist or Psychiatrist and because my degree is at the master’s level, most insurance companies do not cover counseling sessions. However, should you think that your insurance company may be an exception to this; you are welcome to contact them and file a claim for insurance coverage. I am unable to make claims for you, but I will provide the information your insurance company may need. 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 well become part of your permanent insurance record. Though you may receive insurance benefits, you will still 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 psychologists, licensed clinical social workers, licensed clinical mental health counselors, and unlicensed professionals who practice psychotherapy. Any questions, concerns, or complaints regarding the practice of psychotherapy or any other mental health profession may be directed to: 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.

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
A.A. Pete Bondy, MA, LCMHC