



## Client Information

### NorthStar Counseling Services

Office Phone: 704.810-2036

E-mail: [northstarcounselingclt@gmail.com](mailto:northstarcounselingclt@gmail.com)

[www.northstarclt.com](http://www.northstarclt.com)

#### Qualifications

- Master of Education in Counseling and Development, (2008) Winthrop University, Rock Hill, SC 29730
- Licensed Professional Counselor Associate (LPC) 10821
- National Certified Counselor (NCC) 239774
- Professional School Counselor (North Carolina)
- Professional School Counselor (South Carolina)

#### Counseling Background

In my role as a Licensed Professional Counselor, I provide counseling to people of all ages, backgrounds and ethnicities. I have worked with individuals with a range of emotional and personal issues from (but not limited to), ADHD, Anger Issues, Anxiety, Depression, OCD to Gender Identity challenges. I view each person as a whole person with different yet connective parts. I believe that thoughts, emotions, words and behaviors are connected and that counseling should examine and address these connections to help you reach your full potential in life; therefore I have a Holistic/Integrative Approach to counseling. As a therapist, I believe that I am here to assist you on your path to positive mental health. My primary theoretical orientation is Cognitive Behavior Therapy, but I also utilize Reality Therapy, Client Centered Therapy, Solution Focused Brief Therapy and Play Therapy. The approaches and theories used are dependent on the client's needs and are individualized.

#### Session Fees and Length of Service

Psychotherapy sessions are 55 minutes in length. Initial sessions are \$85 and all subsequent sessions are \$75. Cash, credit cards, and Flexible account cards are accepted and payment is due at the end of each session. Presently, I am in the process of being able to accept Beacon and Cigna health insurance, but I am not able to accept any insurance at this time.

#### Use of Diagnosis

For some health insurance companies to reimburse clients for counseling services, they require that a diagnosis be reported and shared with them. This means that your diagnosis will not remain confidential; it will become a part of your health record. If you are planning to obtain reimbursement from your insurance company, I will inform you of your diagnosis so that you may submit reimbursement paperwork to your health insurance company. Please also note, that not all conditions for which people seek counseling will qualify for reimbursement.

#### Confidentiality

I appreciate the confidence you have in my ability to help you and I understand that sharing very personal and sometimes hurtful information with me can be painful. This is why it is important to me to be very clear about how that information will be handled. All of our communication becomes part of your clinical record, and it is accessible to you upon request. It is my responsibility to keep the information you share with me confidential. I will maintain this confidentiality in all cases except for the following: (1) You tell me in writing that you want me

to disclose information to some else. (2) I believe that you intend to harm yourself or another person (including child abuse or abuse of the elderly). (3) I am ordered by a court of law to share your information.

**Complaints**

I encourage you to discuss any concerns you have with me, however if you feel I have violated the Code of Ethics, you may file a complaint against me with the organization below:

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417

Phone: 844.622.3572 or 336.217.6007

Fax: 336.217.9450

E-mail: [LPCinfo@ncblpc.org](mailto:LPCinfo@ncblpc.org)

**Acceptance of Terms**

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

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

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

Therapist: \_\_\_\_\_

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