

Professional Disclosure Statement

Lora “Michelle” Salley, MA, LCMHC, LCAS

This document is designed to inform you about my background and establish an understanding about our professional relationship:

INFORMATION:

I hold a master's degree in Community Counseling from Appalachian State University (December, 2008) and am a Licensed Clinical Mental Health Counselor through the North Carolina Board of Licensed Clinical Mental Health Counselors (LCMHC license #: A8970). Also, I am a Licensed Clinical Addictions Specialist (License No.: 2289) thru the NC Substance Abuse Professional Practice Board. I have over 14 years counseling experience as a Therapist in Private Practice and as a School Counselor . Prior to obtaining my Master's degree, I worked providing case management and direct care in a local mental health center for more than 11 years. Thus, I have worked in mental health in various capacities for over 25 years.

Potential benefits and risks are associated with entering counseling and therapy. Benefits may include: increased awareness of self and problems and learning to cope with problems. While risks may include: experiencing feelings that are uncomfortable like anxiety, anger, sadness, guilt, frustration, or experiencing difficulties in relationships.

THEORETICAL APPROACH:

My approach to counseling involves supporting you while you work on identified goals. Goals are based on individual needs. A plan will be developed during our initial 2 sessions to identify specific goals of therapy. Possible goals may include increasing self-awareness or learning effective coping skills. I like to develop a collaborative relationship, where we work together to develop skills such as self expression and communication, stress management, problem-solving and decision-making. My therapeutic approach is primarily based on Person-Centered Therapy with aspects of Humanistic theory and an emphasis on working with emotions and expressive techniques. I view each individual as unique and choose methods to work with individual characteristics accordingly. I also assist with looking at what gives people meaning and what is important to them. Techniques or interventions may involve supportive counseling, cognitive-behavioral and dialectic behavioral therapy techniques, trauma-focused cognitive behavioral therapy, expressive arts, EMDR, as well as Theraplay principle techniques with children. Individuals I have served include adults and children with a variety of mental health issues and developmental disabilities, and adults with substance abuse issues. Counseling work and internship settings where I have gained experience include: community mental health, university counseling center and university wellness center, public school setting, as well as private practice. My primary areas of experience are in the areas of working with children and adults with developmental disabilities, children and adults with various mental illness issues, transitional issues, trauma, and adults with substance abuse problems.

CONFIDENTIALITY- Standards of confidentiality as determined by the American Counseling Association, State of North Carolina, and federal law govern all written and verbal communication between the client and the therapist. Information you share with me is held in confidence with the certain exceptions or limits of confidentiality. These limits include: 1) when there is a possibility you are in danger of harming yourself or someone else 2) when you disclose to me the abuse of a child or elderly person or 3) in the case that I receive an order from a judge to submit information or testify in court. Other than the above limits, the information you disclose to me, as well as your diagnosis and history, is protected by client privilege. However, you may waive your right by signing a consent for release of information.

A DSM-V diagnosis is often given upon admission for services. Diagnoses are useful in guiding treatment approaches developed by counseling staff, including myself. The diagnosis is part of the plan of care and part of the client's record. Health insurance companies often require a diagnosis for reimbursement if mental health services are covered. Some diagnoses may not be covered by insurance carriers. The issue of diagnosis will be discussed prior to submission to the insurance company as any diagnosis will become part of your permanent record.

SERVICE FEES AND LENGTH OF SERVICE Sessions and Payment. Your first session will last approximately 1 to 1.5 hours. Each subsequent session will last between 45 and 60 minutes. The fees due upon service are \$190.00 for the initial intake appointment and \$165.00 for each appointment following. You may pay for services rendered via Cash, Check, Visa, Master Card, or American Express. Third Party Payers. As a courtesy, we will bill your insurance company, HMO, responsible party or third party payer for you if requested. We ask that at each session you pay your co pay. In the event you have not satisfied your deductible, the full fee will be due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. Cancellations and Emergencies. It is expected that your session will begin at the agreed upon time. Any session that begins after this time due to late arrival (for any reason) cannot be extended beyond the agreed session end time. Please provide at least a 24 hour notice should you need to cancel or reschedule an appointment. Frequent missed appointments will lead to additional charges that will not be covered by your insurance company or other third party payers. Three missed appointments without prior notice can result in the termination of services.

GRIEVANCES

If at any time you are not satisfied with the services you are receiving or feel you have not been treated in a fair or ethical manner, please inform me immediately and we will attempt to resolve your concerns. If I am not available, you may issue a complaint to another staff person. In the event that your complaint is not resolved to your satisfaction, you may contact the:

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
Website: ncblcmhc.org

Client Signature: _____

Parent/Guardian Signature: _____

Counselor's Signature: _____