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North Carolina License #10443

336.403.7288

Professional Disclosure Statement

Welcome to Counseling. This document is designed to provide information about my background and to ensure that you understand our professional relationship. This statement, as required by the North Carolina Board of Licensed Clinical Mental Health Counselors, will hopefully answer any questions you have and help you feel more comfortable with the therapy process you are about to begin.

Qualifications

I am a Licensed Clinical Mental Health Counselor (LCMHC) in North Carolina. I earned a Masters in Professional Counseling from Liberty University, Lynchburg, VA, in May 2013. During my Master's Program, I completed approximately 350 hours of face-to-face individual and family counseling through my Practicum and Internship. I also worked as a Qualified Mental Health Professional from 2007-2010 in a community mental health agency as an Intensive In-Home Specialist, mainly with children, adolescents and families. I have worked full-time as an Outpatient Therapist since January 2014. As a Licensed Professional Counselor Associate, I completed 3000 hours of direct counseling experience under a Licensed Supervisor between 1/2014 and 9/2015. I also completed the requirements as a Certified Clinical Trauma Professional by the International Association of Trauma Professionals in September 2015. I have also completed EMDR training. I have experience in working with children, adolescents, and adults. My focus on trauma has led me to work closely with first responders and fire fighters within the area and am included as a counselor "on call" on the North Carolina Firefighters Peer Support Team. I have provided training on PTSD and possible treatments to this group at various times.

Nature of Counseling

Therapy provides the opportunity for growth, self-discovery and insight in the context of a safe, supportive environment. The fact that you are seeking counseling demonstrates your commitment to your mental and emotional health as well as your inner strength in identifying when seeking support is necessary. My role is to facilitate that process and partner with you on your journey, whatever that journey may be. Whether it is healing emotional wounds, enhancing life coping skills or simply general self-improvement, I look forward to helping address whatever counseling needs you have.

Therapeutic Approach

With respect to each individual's unique beliefs, temperament, learning style, strengths, and cultural history, I use an eclectic approach using primarily EMDR, Internal Family Systems Therapy, Cognitive-Behavioral Therapy (how thoughts and feelings influence behavior) supported by other approaches (psychodynamic, REBT) as needed. I utilize mainly play therapy with children under 8. These therapies are well established, researched, and respected within the profession. Should you ever have reservations regarding counseling or any specific interventions, or feel you are not progressing as you wish, it is important to discuss your concerns with me. The counseling theory or model we use needs to be acceptable to you. One of the important steps in counseling is to help you establish your goals for counseling. Periodically, we will evaluate our progress and, if necessary, redesign our counseling plan, goals, and methods.

The counseling relationship a partnership between client and therapist where we collaborate and explore together. I work with individuals, adolescents, couples, and families. If I use an assessment as part of our work together, I will fully explain the assessment to you, obtain your consent, and discuss the results with you. You, the client, are a

full partner in counseling. Your honesty and effort are essential for success. The counseling relationship is intimate by nature. However, it is important to remember that our relationship is a professional--not social--one. As such, maintaining professional boundaries is a vital component in the therapeutic relationship, and I will uphold those boundaries in order to ensure an appropriate therapeutic relationship.

Risks and Effects of Counseling

You should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. As we explore your issues and concerns, you may experience such feelings as sadness, anxiety, anger, grief, guilt or frustration. The counseling process may lead you to make difficult changes. These changes may initially, and temporarily, cause you more stress as you move into the unknown.

Confidentiality

I am honored to have your trust as we enter into a therapeutic relationship. Your therapy sessions are held in complete confidentiality. None of your information can be disclosed or discussed without your written consent which I will only ask for if it would benefit you and your progress. I am bound by North Carolina Law and my Professional Code of Ethics to maintain confidentiality throughout, and after, our work together. There are a few exceptions which include:

1. If you are a danger to yourself or others. This includes a threat to injure or kill oneself or someone else.

2. If I suspect Child Abuse/Elder Abuse including Neglect, I am bound by law to report it to the Department of Social Services.

3. If at any time you are involved in a court proceeding, I *may* be ordered by the court to release your records.

4. Clients under 18 do not have full confidentiality from their parents.

Fees and Scheduling

I schedule my appointments by phone at (336) 403-7288. You may call this number if you have questions outside of our scheduled appointment. If, however, you are in crisis and need immediate assistance, please call 911 directly or go to the nearest Emergency Room. We will decide together if you would benefit most from weekly or bi-weekly appointments. I charge \$ 150.00 for the initial assessment and 120.00 per 50-minute session afterward payable by cash or check on the day of appointment. If you prefer to use a credit card, a \$ 5.00 charge will be added. If I do accept your insurance, either Blue Cross Blue Shield (not from the Healthcare Marketplace) or Cigna, you will be responsible for your co-payment or contracted amount if you have not met your deductible. If you want to file another insurance, please check your carrier to see what possible out-of-network costs will be. You will be responsible for filing for an out-of-network plan. I will gladly provide you with the receipt and information necessary to do so. Please notify me within 24 hours if you must miss an appointment. Please be aware that you will be responsible for the cost of missed appointments. Insurance carriers cannot be billed for these.

Diagnosis

Please know that, for insurance purposes and in order to communicate with other professionals, I will apply a specific diagnosis (taken from the *Diagnostic and Statistical Manual 5th Edition*). This will be done collaboratively and can help us in our work together. Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. In order to bill your insurance, I must assign a diagnosis which will become part of your permanent insurance record. We will discuss any concerns you have. You may decide to choose to opt out of using your insurance for this reason.

Questions or Complaints

I abide by the NBCC, ACA, and NCBLCMHC Code of Ethics and North Carolina Rules and Laws. If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics:

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 E-mail: Complaints@ncblcmhc.org

Consent to Treatment

By your signature below, you are indicating that you voluntarily agree to receive mental health assessment and mental health care, treatment, or services, and that you have read and understood this statement and have had the opportunity to ask questions about, and seek clarification of, anything unclear to you.

This disclosure statement is intended to provide you with the information needed to gain your consent to begin counseling services. You always have the right to consent to treatment, and likewise, you have the right to withdraw that consent at any time. By signing below, you are acknowledging that you have read and understood this document and agree with the conditions outlined.

Client Signature	Date	Counselor's Signature	Date
Parent/Guardian (under 18)	Date	Phone	