

LCMHC PROFESSIONAL DISCLOSURE STATEMENT

Catherine DeLoach Lewis, MA, LCMHC

Office: 704.526.6145 FAX: None E-Mail: cathy@christiantherapyservices.com

Qualifications

I am a Licensed Clinical Mental Health Counselor in the state of North Carolina, license number 3782 and was licensed April 1, 2001. I received my Masters of Arts in Psychology with a Specialty in Professional Counseling at Georgia School of Professional Psychology, Atlanta, Georgia, in February 1998. I also earned a Masters Diploma in Christian Counseling in June 1997, at Psychological Studies Institute, in Atlanta, Georgia. I began my professional counseling career in August 1998.

Counseling Background

My counseling experience includes working primarily with adult women 18 and older. I provide individual therapy and offer support groups to help women connect to others while doing their therapeutic work with me. My specialties include interpersonal abuse and trauma (past and current), depression, anxiety, codependent coping behaviors, attachment struggles, family-of-origin issues, and spiritual questions and concerns. The therapy orientations I use include Acceptance and Commitment Therapy (ACT), Rational and Emotive Behavioral Therapy (REBT), Trauma Informed Therapy, Family Systems Therapy, Gestalt Therapy, and other orientations where I have received training when appropriate to help my clients.

Counseling includes clients' active participation in meeting their therapeutic goals, so they will need to work both in and out of the counseling sessions. There is no instant, painless, passive cures, and no "magic pills". Instead, some of this outside work will include reading, journaling, building a support system, and other ideas that I will suggest as part of your therapeutic care. Usually when people engage in therapy, they notice changes in themselves that shift dynamics in their relationships with others. If desired, I will help my clients identify the effect these changes are having on them and assess their commitment to improving these relationships or considering other options they may have in these relational dynamics.

Clients with whom I work are psychologically and emotionally "healthy". They seek counseling for difficulties due to life events. I do not see clients with whom, in my professional opinion, I cannot help using the counseling orientation and techniques within these orientations.

I offer an educative approach to people's problems. I accept clients who I believe have the capacity to resolve their own problems with my help. Even though I use an integrated approach of psychological principles with Biblical truths for those who desire faith-based counseling, I counsel women who seek therapy regardless of her religious background. The objective of this integrated approach is the optimal blending of divinely revealed truth from the Bible with the scientific, clinical insights gained from psychology. Essentially, I attempt to integrate all that is valid from competent clinical counseling with all that is relevant to the personal issue from the context of Biblical truth. I utilize a bio-social-mental-spiritual model of counseling when working with my clients.

Session Fees and Length of Service

Initial therapy sessions, 75-90 minutes in length, are \$240.00. After the initial therapy session, ongoing individual therapy sessions 50-60 minutes in length are \$160.00, and therapy sessions 60-90 minutes in length are \$240.00. After we establish our therapeutic relationship and have consistently worked together, I can sometimes offer a reduced rate if needed. If your rate is reduced, then I will fill in the reduced rate here _____ and ask you to sign and date another Professional Disclosure Statement for your file.

Sessions canceled without a 24-hour business day notice (Monday-Friday) may be responsible for paying the full fee for the missed session.

I use HIPPA compliant payment apps to process credit/debit cards, Health Savings Accounts cards, and I process payment at the time of the session. For in-person sessions, I also accept checks and exact cash and will collect payment at the time of the in-person session. Checks returned for insufficient funds will be charged the cost of the session plus any bank fees charged to me. For reimbursement from Flex Spending Accounts, I provide a Flex Spending Statement you can file for reimbursement.

I am an "Out-of-Network" Insurance Provider. If you have Out-of-Network Mental Health Benefits and need reimbursement for my services from your insurance provider, then I will give you a statement with your diagnosis for you to file. Reimbursement will come directly to you, so you will still need pay my fee for service at the time of your counseling session, and it will be your responsibility to contact your insurance company to determine the possibility and means of reimbursement to you.

Use of Diagnosis

Some health insurance companies will reimburse you for my services because I am a Licensed Professional Mental Health Counselor, and some will not. In addition, most will require I diagnosis you with a mental health condition and indicate that you have an "illness" before they will agree to reimburse all or part of the therapy fees to you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before you submit your claim to your health insurance company. Any diagnosis communicated to your insurance company will become part of your permanent insurance records.

Confidentiality

All our communication becomes part of a clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our professional therapeutic relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. Otherwise, our relationship is completely confidential.

Complaints

Although clients are encouraged to discuss any concerns about my counseling services 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. I abide by the ACA Code of Ethics <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>

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

Acceptance of Terms

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

Client (print name): _____ Date: _____

Client (signature): _____ Date: _____

Counselor (signature): _____ Date: _____