

Client Disclosure Statement

Claudia Barnes, M.A., LMFTA, LPCA

Welcome! I am pleased that you have selected me as your counselor, and I look forward to working with you. This document is designed to inform you about my background, describe my approach to counseling, and to ensure that you understand our professional relationship.

Background

Prior to my clinical training, I received a Bachelor of Business Administration from Georgia State University in 1985. Following graduation, I enjoyed a career in sales, management, and training and development. In addition, I have previous experience and training in coaching and worked as a career and life coach focusing on career discovery and goal setting. I graduated in January 2010 with a Master of Arts degree in Christian Counseling from Gordon-Conwell Theological Seminary. My professional credentials include State Licensure as a Marriage and Family Therapist Associate since 2010 (#7004A) and State licensure as a Professional Counselor Associate (#A9007). As a counselor, I worked in a mental health and substance abuse agency, supported children and families through group therapy, worked with individuals, families, and couples in a Christian counseling private practice, and provided career counseling in a college environment.

Counseling Services/Theoretical Approaches

Thank-you for your interest in the counseling process. I take an integrated approach to counseling which includes person-centered, psychodynamic, experiential, and systems theory. I believe growth and change is possible in a relationship which includes mutual respect, caring, collaboration, and acceptance. I believe transformation and wholeness begins from the “inside-out” so we can experience ourselves authentically and in relationship to others. We will focus on the present and examine the past to arrive at bringing emotional and spiritual wholeness to your life. My counseling approach emphasizes building awareness, challenging obstacles to growth, and living God’s potential for your life.

Clients with whom I work are reasonably healthy and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion, I can not help using the techniques I have available. I will enter into our relationship with optimism and an eagerness to work with you. Any therapeutic change that can come about through the counseling process will be dependent upon your active involvement and effort to explore your thoughts, feelings, or behaviors. This process may at time cause you to experience uncomfortable levels of strong emotions such as anger, fear, anxiety, or sadness. Change may be slow and deliberate or it may be easy and swift.

In our work together, we will need to specify the goals, methods, risks, and benefits of therapy, the approximate time commitment involved, costs and other aspects of your particular situation. Periodically, we will evaluate our progress and, if necessary, redesign our plan.

Confidentiality

I will treat the personal information that you share in our sessions with the greatest respect. The privacy and confidentiality of our conversations and my records are a privilege of yours and is protected by state law and my profession’s ethical principles in all but a few circumstances. The limits to our confidentiality: 1) when I believe you intend to harm yourself or another person; 2) when I believe a child or elderly person has been or will be abused or neglected; 3) I may be required to disclose confidential information if a court order is issued; 4) in order to provide you with the best service, I am supervised by

an experienced mental health provider. The state of North Carolina requires me to obtain supervision for all my clients throughout my full licensing process. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even your status as a client, without your full knowledge and signed release of information form.

In those rare instances, when family and friends voluntarily share with me information about you without your knowledge, I will inform you of this so that I am not participating in “keeping secrets”, and to follow through on my commitment to treating you with honesty and respect. In addition, I will encourage those who volunteer information to discuss stated matters with you.

Length of sessions/ Fees and Payments

I schedule sessions in 50-minute increments and my fee is \$115. The fee may be adjusted based on family income. Payment can be made to me at the end of each session and I accept cash, check, debit or credit. If you are unable to keep an appointment, please call me to cancel or reschedule at least 24 hours in advance.

Some insurance companies will reimburse for my services and some will not. Most insurance companies will require that I release to them my diagnostic impressions before they will agree to reimburse all or part of your counseling fees. I will inform you of your diagnosis and get your approval before submitting it to insurance. Be aware any diagnosis communicated will become part of your permanent record.

Complaint Procedures

If you are dissatisfied with any aspects of our work, please inform me immediately. This will make our time together more efficient and effective. If I am unable to bring the resolution you desire, please contact my supervisor Dr. John Rowe at Davidson United Methodist Church Counseling Center, 233 South Main Street, Davidson, NC 28036. If you feel you have been treated unfairly or unethically by me or any other counselor, please contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC 27529, for clarification of client’s rights as I have explained them to you or even to file a complaint.

If you have any questions, feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy in my confidential records.

Client Signature **date**

Client Signature (if another spouse or parent/guardian) **date**

Counselor Signature **date**