

Professional Disclosure Statement

Shannon Leigh White, MA, LPC

Qualifications/Education/Experience

I am honored that you have selected me as your counselor. This Professional Disclosure Statement is designed to inform you about my background and my practice of therapy in order to ensure that you understand our professional, therapeutic relationship.

I completed my Masters of Arts (Community Counseling) in August 2007, from Denver Seminary in Littleton, Colorado. I am credentialed as a Licensed Professional Counselor in the state of North Carolina (LPC #7553).

I currently have six years of counseling experience, including both my practicum and internship during graduate school. Within this time, I have worked with individuals, families and couples. During graduate school I focused on divorce recovery and women's issues. The majority of my post-graduate work has involved working with children and adolescents diagnosed with conduct, mood and personality disorders. I also have one and a half years of experience working in emergency/crisis situations, in which psychosis and lethality are often present. I also serve the adult population, including the treatment of mood disorders and personality disorders. I have led adult Dialectical Behavior Therapy groups and Social Skills groups for children.

My theoretical orientation is eclectic, meaning I draw on, but am not limited to multiple theoretical orientations during my counseling sessions. My primary therapeutic orientations consist of Client-Centered Therapy and Family Systems Therapy. In Client-Centered therapy, the central hypothesis is that the growth potential of any patient will tend to be released in a relationship in which the therapist communicates realness, caring, and a deeply sensitive, non-judgmental understanding. Thus, the therapist practices participative and empathic listening, while allowing the client to freely vent his/her feelings. Family Systems Therapy uses the client's family of origin as a basis for learned behavior and cognitive patterns. When it is beneficial for the client, we will discuss past experiences and family dynamics and identify how this has helped to shape the client.

I believe that as people become more aware of their thoughts, actions, emotions and beliefs that they have increased ability to face challenges and overcome difficult situations more successfully. It takes some people longer to achieve this goal than others. As a client, you may end our counseling relationship at any point.

Confidentiality

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and my profession's ethical principles, in all but a few circumstances. There are two circumstances in which I cannot guarantee

confidentiality, legally and/or ethically: 1) when I believe you intend to harm yourself or another person; and, 2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances, professional counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your therapy, diagnosis, history, or even that you are a client, without your full knowledge and a signed "Release of Information" form. In those rare instances, when family or 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

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 50 minutes in duration. We will schedule our sessions by mutual agreement. If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for paying for the session that you missed. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, we will work to achieve the best possible results for you.

Emergencies

During our work together, there may be instances that are of a crisis nature, and you will be encouraged to reach me by phone. My usual way of handling such situations is to give you my cell phone number at the beginning of your therapy. When you call me, I will respond to your call within one hour. At that time, I will either talk with you to assist you through crisis, or I will arrange a time that we can talk. If you cannot reach me for some reason, please ask a friend or family member to take you to the nearest hospital emergency room.

Fees-Method of Payment

In return for a fee of \$115 per hour, I agree to provide counseling services for you. My fee may be adjusted based on family income. I would prefer that you pay for each session at the conclusion of each session. Cash or personal checks are acceptable for payment. You may request a monthly statement if you need this for your records.

Billing-Insurance Reimbursement

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to have your sessions filed through our office manager. You will need to sign a form that allows insurance reimbursements to be paid directly to me, and you will be expected to make whatever copayment and deductible payments your insurance specifies. Some health insurance companies will reimburse clients for my counseling and some will not. You should be aware that insurance coverage for mental health is sometimes case managed, and the length and frequency of your sessions is determined by their guidelines. Please discuss with me any concerns you may have about your insurance. Also, please remember that you are responsible, and not your insurance company, for paying the fees agreed upon.

Referrals

If at any time you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, I will provide you with a referral for services requested

Complaints

If there is a complaint you have with me regarding ethical issues, please attempt to talk to me about your concern. If you don't feel the issue is resolved to your satisfaction, the procedure for registering complaints against me involves contacting the North Carolina Board of Licensed Professional Counselors. You may submit your complaint in writing to North Carolina Board of Licensed Professional Counselors citing the ACA ethical codes you believe to have been broken. The board can be reached at the following address and phone number.

North Carolina Board of Licensed Professional Counselors
P.O. Box 1369
Garner, NC 27529
(919)-661-0820
Fax (919)-779-5642

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client/ patient.

Client Signature _____ Date _____

Counselor/Licensee Signature _____ Date _____

