

LCMHC Professional Disclosure Statement

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The Center for Holistic Healing

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My Qualifications

I am a Licensed Clinical Mental Health Counselor in North Carolina (LCMHC #13544) and a National Certified Counselor (NCC #885829). I received my Masters of Arts in Clinical Mental Health Counseling from Wake Forest University in Winston-Salem, North Carolina in 2017. I received my Bachelor of Arts in Psychology and Education from Guilford College in Greensboro, North Carolina. I provided clinical counseling services for two years at Wake Forest Baptist Medical Center on the trauma counseling team as a substance abuse counselor. In addition, I provided counseling services at Hospice of the Piedmont for three years as a grief counselor.

Counseling Background

I provide individual, family, couple, and group counseling for children, adolescents, and adults for a variety of presenting concerns. My theoretical orientation and areas of professional competence are in Motivational Interviewing, Solution-Focused Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy. I believe in a strength-based approach to counseling which empowers clients to make choices in collaboration with their counselor to create change and accomplish goals.

It is my goal to create a safe and positive counseling environment in which the client can grow in self-awareness and feel empowered to make choices unique to his or her own counseling needs. I believe in client autonomy and that individuals know what will work best in connection to making changes and accomplishing mental- health and wellness goals.

The following information will provide further clarification about individual treatment and sessions. Please feel free to ask if you have questions regarding this agreement. By signing this document, you are indicating that you understand its contents and it will represent a professional agreement between counselor and client.

Session Fees and Length of Service

Session length will typically be 45 minutes to an hour. The standard fee for the first session is \$175.00. Subsequent sessions are \$140.00 for a 45- minute session and \$175.00 for subsequent sessions that are an hour long. Payments accepted include cash, check, and credit or debit cards. Clients have a choice to self-pay or use their health insurance. If you decide to use your health insurance, you will be responsible for a payment based on the remainder of your deductible and co-insurance or a cop-pay at each session. A

claim will be filed with your insurance. I am on most insurance panels except Medicare. You are responsible for any unpaid claims by your insurance carrier.

Use of Diagnosis

Health insurance companies may or may not reimburse for counseling services. In addition, some health insurance companies will require a diagnosis of a mental-health condition as an indication of illness before reimbursement. Some conditions for which people seek counseling services will not qualify for reimbursement. If a diagnosis is appropriate in your case, then it will be communicated to you. A diagnosis becomes part of your permanent insurance records.

Confidentiality

I will keep confidential anything you say as a part of our counseling 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. In addition, our communication becomes part of the clinical record which is accessible per your request.

Complaints

I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/ac-code-of-ethics.pdf>). Clients can file a complaint with the organization below if you feel that 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@ncblpc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____