

PROFESSIONAL DISCLOSURE STATEMENT

Snowy Albright, MTS, LPC

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and counseling methods and to provide you with other pertinent information. When you have finished reading this statement, **please sign and date both copies**. One copy will be returned to you for your records, and I will keep the other in my confidential files. If you have any questions, please feel free to ask.

Qualifications, Experience, Counseling Methods

In 1998 I earned a Master's degree in Theological Studies-Counseling from Gordon-Conwell Theological Seminary in Charlotte, NC. In our sessions I will listen, ask questions, and offer insight, suggestions, and encouragement as you seek to resolve your problems. At times I will recommend reading, writing, or other "homework" assignments that I think might be helpful to you. The therapy models that primarily form my theoretical basis of counseling include client-centered therapy, rational emotive therapy, and brief solution-focused therapy.

I am licensed by North Carolina as a professional counselor, and I have been working with clients since February, 1997 – with individuals, couples, families, and groups; with adults, adolescents, and children. In addition to my counseling experience, I have taught in public and private middle schools and in preschool. I earned my undergraduate degree at the University of North Carolina at Chapel Hill in Religion and English and then a teaching certificate from UNC Wilmington. I am the mother of two adult children, and I am a grandmother.

Clients with whom I work are psychologically and emotionally "healthy." They seek counseling for difficulties due to life events. I do not take clients whom, in my professional opinion, I cannot help using the techniques I have available. I accept clients that I believe have the capacity to resolve their own problems with my assistance.

Although our sessions may be psychologically intimate, it is important for you to realize that we have a professional relationship. You will be best served while I am seeing you for counseling if our relationship stays professional and if our sessions concentrate on your concerns.

Confidentiality

I will regard the information you share with me with the greatest respect. 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 except 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 older person has been or will be abused or neglected. On rare occasions, a professional counselor can be ordered by a judge to release information. Otherwise, our relationship is completely confidential.

Length of Sessions & Cancellation Policy

Sessions are 45 minutes in length unless we agree together to have an extended session. If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance; otherwise, except in the case of illness or emergency, you will be responsible for paying for all or part of the missed session.

Fee/Method of Payment

The usual fee for each session is \$110.00. [If using insurance, see below.] I will collect payment during each session in cash, check or charge card. Checks returned for insufficient funds will be charged an additional fee. If a reduced/scholarship rate is needed, please feel free to discuss this with me.

If using insurance, please be aware that most insurance companies require that I diagnose your mental health condition and indicate you have an "illness" before they will agree to cover the sessions. 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 I plan to render before I submit it to the health insurance company. Any diagnosis made will become part of your permanent insurance record.

I will file your insurance claims with any company with which I am in-network, but you are responsible for making sure proper authorization is obtained (if necessary) and for payment if coverage is denied. If I am not in-network with your insurance company, I will be glad to provide statements for you to submit.

Complaint Procedures

If you are dissatisfied with any aspect of our work, please inform me immediately. If you feel you have been treated unethically or unfairly and we are unable to resolve the problem, you can contact the North Carolina Board of Licensed Professional Counselors at PO Box 77819, Greensboro, NC 27417, (844) 622-3572, for clarification of clients' rights as I have explained them to you or even to lodge a complaint.

Client's Signature

Date

Counselor's Signature

Date