

Professional Disclosure Statement

Lisa B. Holbrook, M.Ed. LPC

I am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. If you have questions, please feel free to ask.

Qualifications, Experience, Counseling Methods

I earned a Master of Education degree in Counselor Education from UNC-G which is located in Greensboro, NC. My degree completion date was December 1994. I am a Licensed Professional Counselor Associate in the state of North Carolina

Counseling Services Offered/Theoretical Approaches

I believe that counseling requires your active involvement. There are no quick fixes or magic solutions and the process will require you to work both during and away from the counseling sessions. I may ask you to complete "homework" assignments, exercises, writing in journals, and perhaps other projects. Most likely, you will have to work on relationships and make long term efforts. Sometimes change will be easy, but more often it will take time and require effort on your part to bring about the changes in your life that you desire.

My approach to counseling is Biblically based although I will not force these principles upon you. I strive to combine these principles with an understanding of the emotional, psychological, social, and spiritual issues that impact our lives. I rely on the guidance of the Holy Spirit and encourage the use of prayer as part of the counseling process. We will work together to discover the root cause of the problems. I will assist you in clearly defining the goals you wish to achieve, assist you in developing a plan to achieve those goals, and pray with you to receive the healing and transformation you desire. We will evaluate the progress periodically and modify any plans if necessary.

I work with clients who are psychologically and emotionally "healthy" and see counseling for difficulties due to normal life events. I do not counsel with clients whom, in my professional opinion, I cannot help using the techniques I have available. I have a special interest in helping children, adolescents, college students and adults who are having difficulty with depression, anxiety, low self-esteem, adjustment, and relationship issues. I also enjoy working with couples in pre-marital and marital counseling.

You are free to discontinue counseling at any time. Most people remain in counseling until they feel they have learned better methods of thinking, feeling, and/or acting regarding their difficulties. Occasionally, counselors elect to discontinue therapy. This usually happens when

they feel no substantial progress is being made or other factors are interfering with their ability to help you. If counseling ends prematurely, I will help you find qualified help elsewhere.

Most people find counseling very helpful. However, depending on the nature of your difficulty, you might also experience uncomfortable emotions such as anger, fear, and frustration during the course of counseling. While I cannot remove these feelings from you, I will help you work through them, or find an alternative counselor. Counseling can last anywhere from a few weeks to several years, depending on the complexity of the issue(s) we decide to address.

Confidentiality

Under normal circumstances everything you discuss with me will be held in strict confidence. However, you should be aware that there are some situations in which I may be required by law to report information to the proper authorities without your permission or knowledge. These situations include, but may not be limited to a client's indications of bodily harm to others, suicidal intentions, and reasonable evidence of child or elder abuse or neglect. I may also disclose information in response to a court order. If you are 17 years old or younger, parents or legal guardians are entitled to view any case notes, so if there is something that you would rather not be included in the case notes please advise. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history or even that you are a client, without your full knowledge and usually a signed Release of Information Form.

Explanation of Dual Relationships

Although our sessions may be intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way than in the professional context of our counseling sessions. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

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. 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

All sessions are \$120.00 (50 minutes). Additional services such as telephone counseling, formal written evaluations, etc. will be charged at the regular hourly rate. I may also allow for extended sessions at your request. Your agreed upon fee for service will be prorated to determine the additional charge for extended sessions. Your fee per session will be _____ . I accept cash, check, debit and credit cards.

I am an in-network provider for BlueCross BlueShield insurance and will submit claims on your behalf. You are responsible for knowing your coverage, including knowledge of co-pay, annual deductibles and co-insurance amounts. If BCBS fails to pay or denies your claim, you will be responsible for the full session payment of the total allowable amount contracted and set by the insurance company.

Although I am not in-network with any other insurance plan/provider at this time, I can provide you with a receipt for you to submit to your insurance company for direct reimbursement. If you have questions about insurance please allow me to help you!

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse 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 we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Complaint Procedures

Although clients are encouraged to discuss any concerns 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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors
PO Box 77819
Greensboro, NC 27417
Phone: 336-217-6007
E-mail: ipcinfo@ncblpc.org

If you have any questions please feel free to ask. Please sign and date. I will keep the original and provide a copy for your records.

Consent for Evaluation/Counseling and Financial Agreement

- I give my consent for Lisa B. Holbrook to interview me, to perform an assessment of my situation and provide appropriate counsel.
- I reserve the right to withdraw from this evaluation/counseling relationship at any time after discussing the reasons, and understand that my counselor may also end the counseling relationship at any time after discussing the reasons.
- I understand that I am a free agent and responsible for my own actions and reserve the right to refuse any treatment at any time.
- I understand that my signature does not waive any legal rights, including the relatives of the program or its agents for liability or negligence.
- I agree to be responsible for all charges for me and my immediate family at the time services are rendered. I understand and agree to the policies of W. David Holbrook as they apply to the services I am requesting.

Counselor's Signature

Date

Client's Signature

Date

Parent/Guardian Signature

Client

Date