*Carrie Mitchell, MSW, LCSW, LCASA*

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*Fuquay Varina, NC 27526*

*919-389-5484 (Cell)*

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***Professional Disclosure Statement:***

Welcome to Carrie Mitchell Counseling, PLLC. Throughout life, each of us experiences difficult circumstances that may or may not require the assistance of a therapist. Selecting a therapist involves various components, the most important of which is individual connection. While in the past you may have successfully navigated through difficulties, your current situation may require professional counseling services. Understand that when needed, there is nothing wrong with seeking assistance from a licensed professional counselor.

I look forward to assisting you in addressing concerns that affect you, family and others. The techniques that I use in therapy sessions include attentive listening, respecting, and honoring your values and goals and recognizing your accomplishments. I will design individual treatment sessions to match your unique personality. Working together in a creative, sincere and compassionate environment, I will provide straightforward feedback that is required in order for you to assume control of your life and achieve your goals.

*I have new patient appointment availability to see adolescents and adults of all ages. I work with couples and families as well. I welcome all people regardless of gender, religion, sexual orientation or race.*

Please read the following for information relevant to treatment, confidentiality, privacy practices and office policies. Feel free to share any inquiries regarding any of these policies.

**Qualifications:**

 Bachelor of Science undergraduate degree in Psychology from The University of South Carolina-Coastal Carolina College (cum laude).

 Master’s of Social Work degree from the University of North Carolina at Chapel Hill

Professional North Carolina Licensed Clinical Social Worker license: C009789

Professional North Carolina Licensed Clinical Addictions Specialist Associate license: LCAS-2251

 My education qualifies me to provide mental health treatment in a variety of settings using appropriate, evidence based modalities. I became a Certified Life Coach in 2005 through the Life Purpose Institute, specializing in caregiver/elder care issues.

**Experience:**

I have regularly worked with a diverse population. I have providedmandated services as well as working with court recommended mental health assessments and counseling. I have experience working in nursing homes, continuing care retirement communities, North Carolina Vocational Rehabilitation Services and North Carolina Department of Public Safety. I have internationally provided telecommunication psychotherapy; I have provided intensive in-home therapy, and I have worked in both outpatient facilities and inpatient psychiatric hospitals. Additional experience includes working with individuals struggling with mood, anxiety and depressive disorders; severe and persistent mental illness, eating disorder issues, life transitional issues, substance use issues, behavioral issues, chronic health concerns, and life skills.

**Nature of Counseling:**

To some extent, life encompasses difficult situations of various intensities. Utilizing your strengths and abilities, our work together in counseling can help you discover healthy, balanced approaches to life’s challenges. Our approach may include life skills development; discussion of feelings, problems or concerns; and trials with different methods of thinking, feeling and acting.

 Common benefits of counseling include:

* Attaining a better understanding or yourself, your goals and values.
* Developing skills for improving relationships.
* Finding resolution to the issues or concerns that led you to seek therapy.
* Learning new ways to cope with stress and anxiety.
* Managing anger, grief, depression and other emotional pressures.
* Improving communication and listening skills.
* Changing old behavior patterns and developing new, positive ones.
* Discovering new ways to solve problems in your family or marriage.
* Improving your self-esteem and boosting self-confidence.

*I do not discriminate on the basis of race, gender, religion, national origin or sexual orientation. I will work to understand, with your assistance, any differences in culture or belief systems that may occur.*

**Effects of Counseling:**

I hope you feel you can discuss any thoughts you have regarding how the therapeutic process is working. While there is hope improvement will occur as part of the therapeutic process, there is no guarantee. For ethic reasons, I do not accept clients into my practice that I do not think I can help. Therefore, I will always enter our relationship with optimism. Counseling is an individual journey and may lead to significant changes in your life viewpoints. These changes may affect many areas in your life: relationships, employment, decision making and/or your personal perspective of things. You may, at times, feel troubled by some of the changes you begin to make. I do recognize change can be difficult. No one can predict exact results from counseling; I intend to work with you to attain the best possible outcome so you can begin to reach and fulfill your goals. If you may possibly benefit from a treatment I cannot provide, I will try to assist you in attaining that treatment. Based on what I learn about your issues, I may recommend that you consult with a physician or other professional. If I do this, I will discuss my reasons with you so you can make the best possible decision. If you are treated by another professional, I will, with your permission, coordinate my services with them. If my treatment is not working for you, I cannot, as a responsible and ethical therapist continue working with you. If that occurs, I may suggest that you see another therapist or professional. I provide counseling services as a professional and work consistently with ethical standards. If for any reason, you believe my services are unethical, I hope you will let me know and we can discuss the issue. If I am unable to resolve any ethical concerns you may have, you may report your complaints to the NC Board of Social Work at 1-800-550-7009.

**My Approach:**

My theoretical approach is eclectic, incorporating a variety of techniques to meet the needs of each client. Therapy is a collaborative effort and I strive to help guide clients to identify their own needs and inner strengths. I believe in giving clients the tools and support they need to move ahead on their own, realizing I am available to offer support when needed.

-I work as a Humanist therapist – I focus on self-development, growth and the potential within us to know and trust ourselves more completely. I help clients recognize their strengths, creativity and options to be able to make choices to live in the here and now. I can assist people to develop healthy relationships with the important people in their lives.

-I practice Person-Centered Therapy – I help individuals to focus on his or her self-worth and values. Believing in yourself and letting go of self-judgment can help a person accept his/her self and begin to reconnect with a peaceful well-being.

-I work within the Gestalt theory – I focus on the “whole” of a client’s experience. This includes his/her thoughts, feelings, and actions - a key component of Cognitive Behavioral Therapy (CBT).

-I work in the realm of Existentialism – I can assist a client to gain self-awareness. I will help guide a person to develop the courage needed to make authentic choices and find creative ways to work within his/her own unique circumstances to create engaged and meaningful lives.

-I engage in Solution-Focused Brief Treatment – I work with clients who may prefer to focus on what he/she wants to achieve in the here and now, rather than delve into historical problems that may not affect a particular current situation or struggle. I ask strategic questions to help the person uncover his/her own strengths and resources.

-I conduct sessions with respect to Interpersonal Theory- I assist you in recognizing relational factors that predispose, precipitate and perpetuate distress you are experiencing. Helping you examine interpersonal relationships can help you decide if you want to bring about change in you and your expectations about relationships with people close to you.

-I am an Integrative Therapist – I continue to study major systems of psychotherapy and I integrate ideas and techniques from these systems as they prove useful to the individual needs of my clients.

-Cognitive Behavioral Therapy techniques are often the best course of action for issues clients desire to work on. With CBT in mind, we will work together as a team to focus on present situations tailored to your unique needs and beliefs. I will assist you now, so you can be your own therapist in the future.

-At times, when a client is faced with opposing forces, I will assist you in finding a balance between these forces. This is done by helping you with acceptance first and learning to increase your emotional and cognitive regulation. Mindfulness is a major component to learning distress tolerance and tolerance.

**Rights during Counseling:**

As a client, you are in control and may end our counseling contract at any time. I would hope that you would take part in a termination session. You have the right to refuse or to navigate changes in counseling techniques or suggestions that you believe may be counter-productive.

 I reserve the right to postpone or terminate our counseling session or relationship if you arrive for your session under the influence of alcohol or illegal substances; if you do not comply with the medication recommendations of your physician or psychiatrist; if in couples counseling I discover there is battering of your partner, or if you and your partner decide to divorce.

**Confidentiality:**

Issues discussed in therapy are important and generally legally protected as both confidential and privileged. However, there are **limits to confidentiality**.

 These situations include:

 1) Suspected abuse or neglect of a child, elderly or disabled individual.

 2) When I believe you are in danger of harming yourself or another person, or you are unable to care for yourself.

 3) When you report that you intend to physically injure someone, the law requires me to inform that person, as well as legal authorities.

 4) If I am ordered by the court to release information as part of a legal involvement in company litigation, any other legal affairs.

 5) When your insurance company is involved, e.g. in filing a claim, insurance audits, case reviews or appeals.

 6) In natural disasters whereby protected records may be exposed.

 7) Or when otherwise required by law.

 You may be asked to sign a Release of Information form so that I may speak with other professionals or to family members. This office is compliant with HIPPA Privacy Act.

**Confidentiality with Children and Families:**

When I work with children or adolescents, I use my professional judgment to determine what information will remain confidential and what is shared with parents/guardians concerning treatment issues. Parents/guardians have the right to general information, including how therapy is going and dates of service. By law, I may have to tell parents/guardians information about other family members if these others’ actions put the client in danger.

 If I treat several members of a family, I may have different duties toward different family members. Purposes for treatment and my roles will be defined at the beginning of treatment.

 In couple’s counseling, if you tell me something that may be harmful to your spouse, I cannot promise to keep it confidential. You and I will work on the best long-term way to handle these situations. If you and your spouse have a custody dispute, or court custody pending, I will need to know. I cannot do both therapy and custody evaluations.

If you see me for couples counseling and decide to divorce, you must agree at the start of treatment to not request my testimony for either side. The court, however, may order me to testify.

If I am away for 2 weeks or more, I will give you the name and number of a mental health provider whom you can call while I am unavailable. I may offer the mental health provider who is providing coverage limited clinical information about such critical issues as safety concerns or acute crises.

**Consent to Disclose PHI (Private Healthcare Information).**

**A HIPPA Federal regulation allows me to use or disclose PHI from your record in order to provide treatment to you and obtain payment for services from your insurance company. The notice of Privacy Practices disclosures explains this in more details.**

**I have read and been offered a copy of Carrie Mitchell Counseling, PLLC Privacy Practices.**

 **Signature Date**

**I consent to the use or disclosure of my private health care information as to my insurance company that is necessary for billing, to receive authorization for services, or to process my claim for payment of services. I authorize my insurance company to send payment as prearranged with Carrie Mitchell Counseling, PLLC.**

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**Signature Date**

**Records:**

Our communication becomes part of the clinical record. Your individual record is accessible to you on request at a separate counseling session specifically for that purpose, unless, in my judgment, the contents may be detrimental to you. To protect your confidentiality I store paper records in a locked file cabinet and electronic records through a password protected system. I will shred your paper records and delete your electronic records seven years after our last counseling session.

**Appointments/Fees:**

Office appointments are scheduled for 45-50 minutes and may be longer for the first appointment. The practice’s hours are by appointment only.

I offer a free 30 minute telephone consultation to assess if we would work effectively in a client/therapist relationship.

The fee for individuals is $100.00. Couples/Family is $120.00. Initial assessments are $140.00.

In the event of a mental health emergency you may reach me by calling my cell - 919-389-5484, I will attempt to return the call within 24 hours.

If you are unable to reach me or cannot wait for a return call, other options include Holly Hill Hospital Respond Line at 919-250-7000; Wake County Crisis and Assessment at 919-250-1260; call 911; or go to your local ER.

If you contact me via phone and it is not an immediate crisis, I will be available long enough to schedule an appointment. Any conversation beyond what is required to schedule an appointment (10 minutes) will be considered telephone counseling and appropriately billed as a scheduled appointment

 Understand that insurance companies usually do not cover telephone counseling, nevertheless, you will be responsible for any incurred fees.

**\_\_\_\_\_ Initial**

**Payments:**

Payment is due at the time of the session unless other arrangements have been made in advance.

I recommend that all new clients contact either me or my Office Manager, Vicki Volt at 919-552-9514 prior to scheduling an appointment. This ensures that insurance benefits or private pay arrangements have been made.

Payment for services are accepted in cash, check or credit card (Visa, MasterCard, American Express, Discover).

When paying by check, please make checks payable to: Carrie Mitchell, MSW, LCSW, LCASA. Any check returned for insufficient payment/funds will be charged an additional $35.00 bank and handling fee.

No session will commence until fees are collected in full. Furthermore, if you fail to appear for three consecutive scheduled appointments, your case may be placed as Inactive.

I am available as a provider on an out-of-network basis for some insurance providers. Most insurance companies will require that I diagnose your mental health condition and specify your diagnosis before they will agree to reimbursement. The condition for which you seek counseling may or may not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis.

 Out-of-network benefits usually require that a deductible be paid by you before reimbursement is allowed, and then usually only a percentage of my fee is reimbursable. It is your responsibility to familiarize yourself with your insurance benefits to determine whether they will reimburse you and what schedule of reimbursement will be used.

Unless other arrangements are made, you will be required to pay my full fee at each session. As a courtesy, I will gladly have my Office Manager file an out-of-network claim for you. You are responsible for the full amount of any sessions declined or otherwise not covered by your insurance company.

**\_\_\_\_\_\_ Initial**

**Cancellation and Missed Appointments:**

In the event you must change a scheduled appointment, please give 24-hours’ notice. You can call my phone and leave a voice mail, or speak with my office manager, Vicki and relay the message to her.

Please do not cancel an appointment via email as I may not check my email more than once a day.

 Missed appointments are not reimbursable by insurance companies. **If you miss an appointment without prior 24-hours’ notice, you will be billed $50.00 for each session missed.** If you have not arrived for a scheduled appointment within 15 minutes of the scheduled time, and there has not been contact with me or my office, the session may be treated as a cancellation without 24-hours’ notice.

**\_\_\_\_\_\_\_ Initial**

**Court Appearance Fees:**

While I do not make court appearances, if I am subpoenaed for a court appearance, you will be charged an hourly fee of $200.00. This hourly fee begins when I leave the office to travel to court and time ends when I am dismissed and return back to the office. It will also include any time spent preparing for the court appearance as well as telephone calls associated with legal matters lasting more than 10 minutes. In such a case, I will send you an itemized bill that specifies payment within 30 days. This fee does not apply when the state or county has custody of the client.

**\_\_\_\_\_\_\_\_ Initial**

**Consent for Treatment:**

I consent for myself (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in evaluation and ongoing psychotherapy treatment with Carrie Mitchell, MSW, LCSW, LCASA- Licensed Clinical Social Worker, Licensed Clinical Addictions Specialist Associate. I am aware that the practice of psychotherapy is not an exact science and results cannot be guaranteed. No promises have been made to me about the results of treatment. I understand that I may withdraw from treatment at any time.

**I have read and understood this policy statement, and I have had my questions answered to my satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement.**

Signature of client or guardian/parent if client is a minor:

Name of the client (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_