Melinda Halford MA, LPC

2130 US Hwy 70

Swannanoa, NC 28778

**Professional Disclosure Statement**

I am pleased to have the opportunity to work with you. This document provides information regarding my background and the nature of our professional relationship. We will discuss any questions you may have about this information or any other preliminary matters at the beginning of our work together.

***My Qualifications*:** I received a Master of Arts in Professional Counseling degree from Liberty University in 2013. I am currently a Licensed Professional Counselor in North Carolina, (LPC, 10402). I have over six years of counseling experience working with adolescents, families, couples, and adults struggling with depression, anxiety, stress, identity issues, family issues, and relationship issues.

***The Counseling Relationship—What to Expect from Therapy:*** My theoretical approach involves integrating Person-Centered Therapy and Cognitive-behavioral Therapy (CBT). Person-Centered therapy allows the client to take the lead of the sessions while the therapist, using empathy and unconditional positive regard, helps the client recognize his or her own feelings, thus, motivating him/herself to develop healthy ways of responding to changes and crises in life. CBT emphasizes the idea that a person has trouble in life based on his or her perceptions of the events that have occurred. Though each person will endure hardship, I believe that problems with emotions and behaviors are generally the result of how one thinks and feels about the situation. Together, we can work toward identifying beliefs and feelings associated with events and utilize appropriate techniques to realize goals in therapy.

It is crucial that we discuss things openly and honestly. Therapy is best provided in an atmosphere of trust. After developing sufficient background to proceed, we will discuss the strategies and techniques for meeting goals. You may be asked to complete assignments between sessions and period assessment of progress to determine treatment effectiveness. Homework completion is important for you to get the most from therapy. Treatment will conclude when the sought-after goals have been sufficiently achieved, or you choose to leave, or if it becomes evident that you should continue therapy with another therapist due to a therapeutic impasse or need for increased specialization. You have the right to terminate participation in therapy at any time, for any reason, without needing to explain, and without financial obligations other than those already accrued. Termination is most often a mutual decision based upon the welfare of the client. If I must miss any sessions(s) due to illness or vacation, I will provide an on-call therapist and/or an emergency hospital number to ensure client care for possible emergencies. I am not trained to treat medical issues and cannot prescribe or provide any medication. If medical treatment is indicated, you will be encouraged to seek such attention. I will work closely with a psychiatrist or other physician if medication is warranted.

***Potential Counseling Risks***. Recognizing that therapy addresses difficult issues, you must commit to the possibly painful process of change. This change should be beneficial to you and your family, but there are some risks. After entering counseling, you may realize that you have additional issues that may not have surfaced prior to the onset of the counseling relationship. Some clients experience intense feelings such as anger, fear, guilt, anxiety, or other negative feelings. These feelings are normal to the counseling process but are likewise unpleasant. Sometimes individuals in marital or family therapy find that spouse and/or other family members are not willing to change. Other risks include emergence of traumatic memories or considering major life decisions. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. I will attempt to inform you of potential risks specific to our work.

***Physical Health.*** To better serve your needs, I strongly recommend that you have a complete physical examination if you have not had one within the past year to rule out any medical complication that may be contributing to your mental health needs. Also, please provide a list of any medications that you may be taking as well as any medical conditions.

***Client Responsibilities.*** Your commitment to the counseling process indicates that you agree to make a good faith effort at personal growth and to engage in the counseling process as an important priority in your life. You agree to complete assignments given or discuss any reasons for resistance. Your welfare is most important in professional counseling. Due to the inherent conflict of interest on the part of the therapist who is working with a couple, an individual seeking help in resolving relationship problems with a spouse also agrees to restrain from subpoenaing this therapist for testimony if court proceedings develop later. Clients coming from another therapist must first terminate with that therapist. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile, and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make any specific decision.

***Privileged Communications and Confidentiality***. All of our sessions will remain strictly and absolutely confidential except for the following circumstances in accordance with state law: (1) The client signs a written release of information indicating informed consent to such release; (2) The client expresses a clear and imminent intent to do serious harm to himself/herself or someone else; (3) There is evidence or reasonable suspicion of abuse/neglect against a minor child, elder person (65 or older), or disabled adult; or (4) A court order is received directing the disclosure of information. Verbal authorization will not be sufficient except in emergency situations. When providing couple, family, or group therapy, I cannot disclose any information outside the treatment context without a written authorization from each individual competent to execute a waiver. Also, note that if you use third party insurances, such as health insurance policies, HMO, EAP, or PPO plans, you must sign a release of information and all information will be disclosed including diagnostic information, which becomes part of the client’s permanent records. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence, (except for mandated exceptions already noted) unless all individuals involved sign written waivers. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

**Litigation Limitation:** Given that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent, it is expressly agreed that would there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you or any attorney, or anyone else acting on your behalf, will ask me to testify in a deposition or in court or any other proceedings, nor will a disclosure of the medical record and/or progress notes be requested. If you are seeking custody evaluations, I am happy to refer you to someone who specializes in that area.

***Fees, Office Procedures, and Length of Therapy.*** Therapy sessions are normally 50-55 minutes, and depending on the nature of the presenting problem, sessions are usually one time per week. It is difficult to predict how many sessions will be needed. I will be better able to discuss the probable number of sessions after we have completed the first two interview/intake sessions. Appointments are typically set at the close of each session and may be scheduled, rescheduled, or cancelled telephonically Monday through Friday. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge of $50.00 (not covered by insurance) for the time reserved for you. Unexpected illness and inclement weather are exceptions. Fees for each 50-55-minute session are $105 for those not filing insurance. Clients who wish to file either BlueCross/BlueShield or Aetna must contact their insurance provider prior to the first session to determine their deductible and/or co-payment. Insurance coverage of services will be known after claim submission and can take up to three weeks to process after each session/claim. Fees and/or co-payments must be collected at the end of each session and prior to making additional appointments. Payments can be made in the form of cash, check, or credit card.

***Code of Conduct***. I adhere to the Code of Ethics of the American Counseling Association. Copies of these codes are available upon request.

***Emergency Situations.*** Since I provide outpatient diagnostic and psychotherapy services only, I cannot guarantee 24/7 availability. After hours, you may leave a voice mail at 828-702-1303 and I will return your call within 24 hours. If you should experience an emotional or behavioral crisis, and I cannot be reached immediately by telephone, you can contact a local medical or psychiatric hospital, call 911 or 1-800-273-TALK (8255).

***Questions or Concerns.*** You may have questions about me, my qualifications, the therapy process, assessments, fees, or something that has not been addressed in previous paragraphs. It is your right to have a complete explanation for any of your questions at any time. Also, clients are encouraged to discuss any concerns with me first, but you may file a complaint against me with the organization below should you feel I am in violation of any of the ACA Codes of Ethics.

North Carolina Board of Licensed Professional Counselors

PO Box 77819   
Greensboro, NC 27417   
Phone: (844)622-3572   
E-mail: compalints@ncblpc.org

**Professional Services Contract:**

We, the undersigned, have read, discussed together, and fully understand and agree to the contents of this disclosure statement. The client has retained Melinda Halford, Licensed Professional Counselor, to provide psychotherapy. It is expressly understood that Melinda Halford has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Melinda Halford, shall be obligated to maintain a reasonable standard of care in accordance with the ACA Code of Ethics for Professional Counselors. The client agrees that all fees shall be due and paid at the time of treatment, and to pay for uncancelled appointments or those where the client fails to give 24-hour notice that he/she will not attend, and monies not paid over two sessions will result in ceasing therapy until the balance is made current.

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_

Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_