

Professional Disclosure Statement and Counseling Agreement

For

Christopher T. McCarthy, PhD.
M.Ed., M.C.Ed., M.S.
Licensed Professional Counselor
Certified CISM Counselor
www.carolinas-counseling.com
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We are pleased that you have selected Carolinas Counseling Group and me, Christopher McCarthy as your counselor. I have a PhD from Regent University in Counselor Education & Supervision. I hold a Master's degree from the University of North Texas in Counselor Education. I also have two Master's degrees from Dallas Theological Seminary, one in Christian Education and the other in Biblical Studies. I am licensed in the state of North Carolina as a Professional Counselor (#3472). I am certified in Crisis Incident and Stress Management, trained in EMDR, and in the counseling theories of Soul Healing Love and Treating Difficult Adolescents. I specialize in marital, family, and adolescent/child counseling. I am also the co-owner of Informed Therapy Resources, LLC. and the co-creator of the Turnaround program- an audio treatment program for children who struggle with anxiety. (www.Turnaroundanxiety.com).

I have worked as a professional counselor since 1998. Additionally, I have counseled as a minister, chaplain, and youth and family advisor since 1987. I have worked in a variety of settings, including family clinics, a mental health hospital, a juvenile detention center, a Japanese university, youth camps, and churches.

Nature and Effects of Counseling

The goal of therapy is to help you identify unhealthy behavioral and relational patterns, mistaken beliefs, and unresolved childhood issues that may be affecting you. I will walk beside you in the counseling process,

encouraging and coaching you as you heal and grow. Unfortunately, there are no “quick fixes” in counseling, only hard work in the form of sessions, homework assignments, journaling, reading and the learning and applying of new insights and techniques.

As a counselor who is a Christian, I am committed to help your spiritual life develop and enable you to understand Biblical truth and apply it to your life. This is an optional component. If you are interested in including spiritual counseling during your sessions, please let me know.

While benefits are expected from counseling, specific results are not guaranteed. Hopefully counseling will produce positive changes in your thinking and behaviors, but in the process of producing these changes, you may experience distress in your relationship, job and within yourself. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Though I try to be sensitive to my client’s needs, I do not offer crisis counseling. Do not call CCG during an emergency but rather call 911. I will respond to voice mails and emails as time permits.

Confidentiality

I respect the information you share with me and how difficult it may be for you to share it. Our conversations and records are kept confidential and are protected by state law. Confidentiality applies to children and teens as well. All records are property of Chris McCarthy. Adult records are held for at least seven years after the file is closed and then may be disposed. Child records are kept for seven years after the child’s 18th birthday, and then may be disposed. There are a few limitation and exceptions to a client’s confidentiality. 1. When we at the clinic determine that you are a danger to yourself or someone else (suicide or homicide risk) 2. You disclose abuse, neglect or exploitation of a child, elderly or disabled person: or that we have reason to believe that such things may occur. 3. On rare occasions, Professional Counselors can be ordered by a judge to release information. 4. Insurance companies ask for information in the course of providing coverage. This is usually basic information and diagnostic summaries, PHI number in limited circumstances, but may include more. 5. If your account goes into default and we must turn over your account to a collection agency, your basic information will be given out to obtain payment. Consent for points 4 and 5 is given by signing the Intake Form and this document.

Counseling Relationship

During your time in counseling, we will meet regularly for **approximately 50 minute sessions**. Your confidentiality is important to me and I work hard to maintain it. There may be opportunities for us to run into each other in a public setting. If I don't approach you first, it's because I'm protecting your confidentiality. Feel free to approach me if you would like. I don't mind. My goal is to help you comfortable with our professional relationship and meet your needs as a client. Please feel free to discuss this with me at any time.

Length of Sessions/Fees/Insurance

The stated fees are: \$175 for the initial and regular sessions. Sessions are for approximately 50 minutes, *sometimes less* for children & teens since their attention span is less. **If the session extends by 15 minutes or more, you will be subject to additional fees based on the hourly rate without prior verbal notification.** There are times in counseling when additional time is needed to work through a difficult or intense issue and *you* are best served by us resolving the issue rather than me cutting you off. Please feel free to discuss policy with me at any time. Feel free to email or call me; however, if these interactions outside the office become regular or longer than a quick update, you are subject to a fee based upon 15-minute increments.

In the event that you are not able to keep an appointment, please notify Carolina Counseling Group at least 24 hours in advance (Monday appointments must be cancelled on Friday to avoid the fee). If we do not receive notice, you are responsible for paying the \$50.00 fee for the first 2 misses, and then a \$75.00 fee for each additional session.

Carolina's Counseling Group really tries to work with your demanding schedule but must have a policy in place to protect the income of its counselors. Persons missing more than 3 sessions are subject to termination.

Sickness: If you or your child are sick, had a fever in the last 30-hours, have an active running nose or are coughing on a consistent basis, please cancel your appointment without a fee and avoid coming in. It's important that our office is free of illness.

You as signer, whether individual, couple, or parent, are responsible for all fees incurred with Carolina's Counseling Group. You are responsible to determine what your insurance company covers, including co-pays,

deductibles, maximum number of sessions, pre-requirements prior to coverage, etc. Do not file sessions with Medicaid or Medicare.

We at Carolinas Counseling Group try to help you help with your coverage and may give you general guidelines, but we are in no way responsible for providing details that only you can obtain from your plan. Please consult your plan coverage prior to scheduling any further sessions.

Client Rights

If you are dissatisfied with any aspect of my work, please notify me immediately. I strive to provide professional and ethical care for my clients and will work diligently to see to it that my clients are satisfied enough to refer their friends, family and associates to me. If we are unable to resolve our differences, you may call the clinic director, Dr. David Russ, at the above number. You may also contact the North Carolinas Board of Licensed Professional Counselors at P.O. Box 1369 Garner, NC 27529 or at 919-661-0820

If a problem arises requiring a legal remedy to solve, the client agrees to solve all problems through independent mediation and not to pursue formal litigation.

Referrals

At Carolinas Counseling Group, we have a team of qualified professional to meet your mental health needs. If I need additional help, or have determined that I cannot help you. I will refer you to one of them or to the most appropriate community referral to meet your needs.

Adolescent/Child Counseling

I must have the signature of a parent before beginning counseling. In cases of separation or divorce, both parents must approve of counseling and I'll need signatures from both. Documentation may be required. Sessions are approximately 50-minutes, however they may be less for children/teens because they have less attention spans and potentially less issues to discuss. This decision will be made on a session-by-session basis. My desire is to make the counseling experience a beneficial and positive experience for the child/teen, and sometimes finishing early is what's best.

Marriage Counseling

I strongly encourage open and honest communication between spouses and therefore discourage information being shared with me that would be considered a major secret to be withheld from the spouse. I'm referring to things like an affair, drug use, sexual addiction, illegal activities, etc. This inhibits my ability to be a fair and impartial observer. I reserve the right to terminate therapy if I conclude that a spouse's secret behavior is detrimental and unproductive to the therapeutic process. Individual sessions often occur during marital counseling to address marital issues from each person's perspective.

By your signature below, you are agreeing that you have read and understood this document, and any questions you have about it have been answered to your satisfaction. By signing below, you are consenting to begin counseling.

Client's Signature

Date

Client's Signature

Date

Parent/Guardian's Signature

Date

Counselor's Signature

Date