

**PROFESSIONAL DISCLOSURE**  
**DONNA KANIPE, MACC, LMFT, LCMHC**

**MY QUALIFICATIONS**

I am a fully credentialed Licensed Marriage and Family Therapist (1776) and a Licensed Clinical Mental Health Counselor (11486) in the state of North Carolina. I hold a Master of Arts in Christian Counseling (MACC) from Gordon Conwell Theological Seminary and graduated summa cum laude in 2014. From 2012 to 2014, I worked in two Charlotte area counseling centers assisting premarital couples, distressed couples, individuals, and adolescents. My intern and practicum experience spans one and one-half years. Therapeutic work included a variety of issues like marital distress, infidelity, divorce recovery, anxiety, abuse, trauma, grief, post-injury life adjustment, and distorted self-image. In 2013, I led group therapy sessions for women grieving marital betrayals like affairs or a spouse's sex addiction. I am certified in Prepare Enrich and have volunteered as a marriage mentor in Charlotte since 2005.

**COUNSELING BACKGROUND**

I believe people are innovative, resilient, and capable of solving life's problems. Since you are the expert of your reality, I collaborate with you to formulate new approaches to life's challenges. Theoretically, I integrate Emotionally Focused Therapy (EFT), Gottman Couples Therapy Method, Experiential Therapy Techniques, and Cognitive Behavioral Theory (CBT) when working with couples. EFT highlights the impact of early bonding on future relational connectedness. Early bonding experiences shape future patterns and cycles in relationships. Using EFT, I aim to expand a couple's interactions and restructure their relational dynamics which yields increased connection. Gottman Method is a scientifically based approach to couples therapy and helps couples restructure gridlocked communication patterns.

When working with adult individuals, I integrate EFT, Cognitive Behavioral Therapy, and Experiential Therapy Techniques. For clients with trauma, I work to reprocess memories using Eye Movement Desensitization and Reprocessing (EMDR) Therapy. As a provider of EMDR, I am EMDR I and II trained. My positive approach to counseling draws on individual and couple strengths. Cognitive Behavioral Therapy aims to ameliorate distorted thinking. Experiential Therapy incorporates role playing, guided imagery, and a variety of active experiences to bring root issues into awareness.

**SESSION FEES AND LENGTH OF SERVICE**

Service/Insurance Code	Description	Unit	Rate (Masters/PhD)
90791	Initial Intake/Evaluation	45-60 min	\$170
90837	Individual Therapy	53+ min	\$145
90834	Individual Therapy	38-52 min	\$125
90832	Individual Therapy	16-37 min	\$75
Not Billable to Insurance	Late Cancellation / No show	n/a	\$75/Full Fee
Not Billable to Insurance	Returned Check (NSF)	n/a	\$40
Not Billable to Insurance	Phone calls, Letters, & Reports	15 min increments	\$35
Not Billable to Insurance	Court & Legal Activity	Direct time and travel	\$1500 retainer \$250hr

**Payment is due at the time of service.** Our contract with the insurance companies will not permit us to waive copayments, deductibles, or coinsurance amounts due. The collected payment is based on an estimate of your out-of-pocket costs for services provided. Actual coverage and member liability amounts are determined once the claim is processed, and you receive an explanation of benefits (EOB). Any overpayments will be applied to ongoing balances or refunded after claim processing. Any underpayments must be paid at your next scheduled appointment. Payments can be made with cash, check, credit, and debit cards. If payment for services is not received, your therapist has the right to suspend or stop treatment. CCG also reserves the right to forward your information to a collection service if there is a default on any payment obligations described in this agreement.

**USE OF DIAGNOSIS**

Insurance companies will require a diagnosis of a mental-health condition before they will agree to reimburse you. Any diagnosis made will become part of your permanent insurance record. The diagnosis will indicate that you have an "illness". Some conditions or situations will not qualify for reimbursement. You are not required to submit a claim with your insurance if you do not want this information reported. In that case, you will be responsible for the entire fee. You may request information about your diagnosis at any time from your provider.

**CONFIDENTIALITY**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. See Counseling Policies for detailed information.

**COMPLAINTS**

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/aca-code-of-ethics.pdf>).  
*North Carolina Board of Licensed Clinical Mental Health Counselors*  
P.O. Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007 | Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

**SIGNATURES**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_