

Professional Disclosure Statement

Takisha Anderson Booker MS, LCMHC
(Therapist)
Office: (910) 493-3567
Email: tbookerlpc@gmail.com

The primary therapist is the person you will be seeing on a regular basis and the professional whom you will enter into an agreement for therapy. There are a variety of different techniques that therapists utilize when entering a therapeutic relationship; the information presented in this disclosure will help you determine if my experiences and qualifications will be a good fit for your needs. Other professionals may be available to provide special evaluations, assessments, or consult with your primary therapist. *By signing this form, you are agreeing to enter into a counseling relationship with the therapist indicated above.*

Qualifications

Academic Degrees: Master of Science, Counseling Psychology, Texas A&M-Central Texas University, Killeen, TX (2008)

Bachelor of Science, Psychology, Fayetteville State University, Fayetteville NC (2002)

Registration Number: (8234) North Carolina Licensed Clinical Mental Health Counselor

Experiences: 10 years experience providing counseling services to adults, couples, children, adolescents and families

Counseling Background

During these past few years I have gained experience in a variety of areas to include: individual, marital and relationship issues, family, military families, multicultural counseling, group therapy, and addiction therapy. I have served many populations such as; individuals, adults, couples, adolescents, children, and families. My therapeutic approach is eclectic, typically blending Cognitive Behavioral Therapy and Solution Focused Brief Therapy. This style aims to identify any negative thoughts and how they intertwine with our feelings and behaviors. The client takes the role of expert and they take responsibility for setting their own goals and reaching them. Ultimately, the focus is on what is possible and changeable through the client's own resources and strengths.

Insurances/ Use of Diagnosis

Services will be rendered in a professional manner consistent with accepted ethical standards. All initial assessments are 90 min for \$120. Counseling sessions occur in 60 min increments, and the fee is \$80. Cash, debit, credit, HSA, or FSA cards are acceptable forms of payment at the time services are rendered. I currently accept Blue Cross Blue Shield, TriCare, Cigna, Aetna, and Military OneSource insurances. Health insurance companies often require that a statement of diagnosis of a mental health condition be indicated before they will agree to reimburse for counseling services. Any diagnosis made will become part of your insurance records.

Cancellations and Fees

We will schedule our sessions for our mutual agreement. If you are unable to keep an appointment, please call me to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for a \$35 cancellation fee. Please understand that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

The Process and Your Rights

During our initial session, we will discuss identified needs and goals, and review the process that I would utilize to help meet those goals. After that time, we will assess our plan to determine if it is appropriate to continue with our work, terminate, or if a referral to another counselor might be appropriate.

As we work together, I will make every effort to assist you as you work toward making helpful long-lasting changes in your life. It is also important to note that there are oftentimes discomfort associated with change, and that there will be times that you may feel challenged to continue your counseling. Please know that it is your right to decide if you want to continue or terminate your services. Either of us may request a discharge session at which time we may discuss reasons for termination and determine if an outside referral might be appropriate. Any information pertaining to a diagnosis is a permanent part of the clients' records and would be transferred with the clients' records.

Confidentiality

As your therapist, I regard the information you share with the greatest respect, therefore it is imperative to note how it is handled. In general, any information that is disclosed during services is kept confidential; however, there are a few exceptions. Confidentiality can only be broken if; it is determined that the client intends to cause harm to themselves or others, in cases of child, elderly, or other dependent adult abuse, or in cases where information is subpoenaed (court ordered) for court, and at the request of the client for records to be released to themselves or a third party. In those situations, I cannot guarantee confidentiality, legally or ethically. Otherwise, I will not disclose any information concerning treatment, diagnosis, history, or even the fact you are a client without a signed Release of Information form.

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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Clinical Mental Health Counselors
PO Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: complaints@ncblpc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____