

**Professional Disclosure Statement
And Consent for Mental Health Counseling Services
Cynthia Dowdy, PhD, NCC, LPC**

National Certified Counselor since 1993- Certificate #31719
Licensed Professional Counselor in North Carolina– License #3694

I invite you to read this prior to selecting me as your counselor. This document is part of the Standards of Practice of the North Carolina Board of Licensed Professional Counselors (LPC) as stated in Section 90-343 of the LPC Act. The Disclosure Statement is designed to inform you of my professional credentials, types of service offered, fee schedule, and therapeutic orientation and style.

Training

B.S. in Sociology, Oklahoma State University - 1987
M.S. in Community Counseling, Oklahoma State University - 1989
Ph.D. in Counselor Education, Kansas State University – 2001

Teaching Experience in North Carolina

Visiting Assistant Professor - Counselor Education Department at NCSU (2002-2003)

Counseling Experience

Career development and transition
Disability and illness adjustment
Depression
Learning disabilities
Adult ADD
Life transitions
Addictive behaviors: alcohol and drug abuse; gambling; compulsive spending
Cultural lifestyles: racial, religious, and sexual
Stress and anxiety management utilizing relaxation techniques and biofeedback
Eating disorders and weight loss
Women's issues
Disaster mental health: trauma stress, post-traumatic stress disorder, and crisis intervention
Grief and Loss
Relationships

Counseling Work Settings where I Obtained Experience

Private Practice
Community Mental Health Center
American Red Cross Disaster Relief Mental Health Volunteer
University and College Counseling Centers
High School Special Education Program
Vocational Rehabilitation Services
Alcohol and Drug Misdemeanor Program
At-Risk Youth Service Agency
Domestic Violence and Parents Assistance Center

Professional Organizations in Which I Am a Member

American Counseling Association

American Psychological Association

National Career Development Association

NC Career Development Association

NC Counseling Association

NC Licensed Professional Counselor Association

Counseling Philosophy

I believe that for counseling to be effective, both you and I must be actively involved in developing counseling goals and assessing progress. Efforts to change self-perception, emotions, and behaviors require work both in session and out of session. Some change will occur quickly and easily, but more often change requires slow, deliberate, and repeated efforts. You should be aware that while counseling interventions offer potential benefits, they also present possible risks. Such risks might include uncomfortable feelings of sadness, guilt, anxiety, anger or frustrations as you discuss unpleasant aspects of your life, or experience difficulties with other people as you change. Furthermore, as a result of your personal growth, you might experience feelings of discomfort until you adjust to the changes within and they become a routine part of your life. Nevertheless, weigh the potential risks against the benefits, which might include such assets as gaining insight into your problems, developing coping skills and resources, and changing yourself so that participating in life's daily activities generally becomes a more positive experience.

Counseling Approach

I feel every individual is a unique and a complex being, therefore, the approach I take with your concerns is based on the information you provide and my assessment of your emotional, mental, physical, social, spiritual, economic, and career characteristics. I will need your collaboration as we identify issues that will be worked on in session or what issues may need other resources such as a nutritionist, AA, physician, or other supportive services. It is important that we be open and honest with each other in order for appropriate counseling goals to be established.

Cognitive-behavioral therapy and the bio-psychosocial counseling approach of mind, body, and spirit in working with the total individual is the basic theoretical foundation of my work with clients. Depending on your individual needs, I will use different methods of therapy. Most sessions will focus on self-awareness, choice, problem solving, and setting goals for the present and future. Other areas of counseling may include focusing on responsibility, meaning of life, your strengths and limitations, self-concept, acceptance, and change. Outside of session, there may be homework assignments such as journal writing, reading, art or other methods of self-discovery and expression. The process and content of the assignments will be followed up in counseling sessions for the development of self-awareness and healing. I will challenge you in a caring and empathetic manner to look at yourself and seek alternative options and strategies for handling life.

I believe a trusting working relationship between counselor and client is important and I strive to achieve that collaboration. I am comfortable working with individuals from diverse cultures and lifestyles and feel being accepting, objective, respectful, and genuine are characteristics essential in working with clients. Overall, counseling is a process in which you the individual gain knowledge and tools that will facilitate continued growth and development after therapy has ended.

Confidentiality

Information you share with me will be regarded with respect and handled in a professional manner. In most situations I will request a release of information form to be signed before communicating with others. Limits to confidentiality include when there is concern that you will harm yourself or others, or court orders that request information. You will be given a copy of my Notice of Privacy Practices and you will be asked to sign a client consent for use and disclosure of protected health information.

Length of Sessions

Sessions are 50-55 minutes in duration. We will schedule our sessions by mutual agreement. If you are unable to keep an appointment, please call within 24 hours to cancel or reschedule. Services will be rendered in a professional manner consistent with ethical standards. It is impossible to guarantee any specific results regarding your counseling goals because the outcome is dependent on your work as well as mine. Together, however, we will work to achieve the best possible results. Referral to another counselor or service will be mutually discussed if progress is not achieved at a satisfactory level or in the event that additional services may be in your best interest.

Fees and Payment

I agree to provide counseling services in return for a fee of \$100 per session or at my insurance provider contracted rate. Payment or co-payment for each session is collected by Women’s Healthcare of Raleigh prior to each session. You will be charged \$50.00 for missed appointments unless you cancel within 24 hour notice. Cash or personal checks are acceptable methods of payment and I will provide a receipt for all fees paid. A fee of \$35.00 will be charged for bounced checks. A sliding fee scale is available upon request and is based on household income level.

Billing & Insurance

I am a contracted provider for United Behavioral Health, Magellan, Value Options, Aetna, Blue Cross Blue Shield and work as an out-of-network provider with other insurance companies. I contract with a billing service to electronically complete insurance forms related to reimbursement from insurance companies and follow-up on claims. 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 permanent insurance records.

In Case of Emergency

If you have an urgent situation that you feel needs immediate support and I am not available in my office or by phone, please contact one of the following: your primary care physician, Holly Hill RESPOND at (919) 250-7000, go to the nearest hospital emergency room or call 911.

Complaint Procedures

If you are dissatisfied with any aspect of the counseling process, please inform me so we can determine if our work together can be more efficient and effective or whether referral would be appropriate. If you think I have treated you unfairly or unethically, and we cannot resolve the problem, contact:

North Carolina Board of Licensed Professional Counselors
P.O. Box 1369
Garner, NC 27529-1369
919-661-0820

You are encouraged to discuss any questions or concerns you have about entering a counseling relationship with me, or the counseling process I have described. Please sign your name below if you have read and understand the above information and voluntarily agree to participate in such services.

Client Signature

Date

Therapist Signature

Date