

Licensed Clinical Mental Health Counselor-A
Professional Disclosure Statement
Meredith W. Furr
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This information is intended to inform you about my background, business policies, and to describe certain issues regarding our therapeutic relationship. Please read it carefully and feel free to ask any questions that you may have. When you sign this document, it will represent an agreement between us.

My Qualifications

I obtained my Master of Counseling Education from North Carolina State University in 2004 and have been serving children, adolescents and adults for the past 14 years. License #A15730

Counseling Background

I have had experience in counseling both children, adolescents and their parents. I have also worked with families in crisis and that are working towards reunification. I use an eclectic approach when drawing from counseling theories. I consistently use empathy, and active listening skills when working with clients. I often work from a person-centered approach, while also drawing from cognitive-behavioral techniques. I believe that every client is different therefore, I tailor my counseling approach to your unique needs.

I view counseling as a collaborative process in which I provide clients with a space to be open and honest while helping them to identify goals for change. Issues often addressed in counseling include, but are not limited to:

Anxiety	Adjustment Difficulties
Family Changes	Stress Management
Depression	Self Esteem Issues
Relationship Difficulties	Job Stress

I am pursuing my full licensure as a Licensed Clinical Mental Health Counselor in North Carolina. As I work towards full licensure, I am being supervised by Christine Mc Donald, LCMHCS and consulting with Dr. Kari Lenox, PhD. Christine Mc Donald can be reached at 984-500-2021

Session Fees and Length of Service

I charge \$150 dollars for a 50 minute individual session that is self- pay. I can provide you with a receipt so that you can submit to another insurance company or employer as an out of network provider. As an exception, I do accept Blue Cross and Blue shield and will submit the claim for you. You are responsible for the copay at the time of service.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before submitting the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

I abide by the confidentiality standards set forth by North Carolina Board of Licensed Professional Counselors. 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. Additionally, if our paths cross outside of the office, I will maintain confidentiality by not acknowledging you unless you choose

to acknowledge me first. If you desire, you are welcome to introduce me to those you are with as you see appropriate.

My goal is to create a positive, nurturing relationship with all clients, and I would like to know if you feel as though I am not meeting your needs or expectations. 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
Email: complaints@ncblcmhc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____