

Michele Hannah, MA, LPC
Michele Hannah Counseling Services
823 West Fifth Street
Winston Salem, NC 27101
336.930.7733

Professional Disclosure Statement

Welcome! This document is intended to inform you about my background and to ensure that you understand our professional relationship. If you have any questions or concerns, please do not hesitate to discuss them with me.

I hold a Master's degree in Community Counseling from Campbell University; I received this in 2007. I obtained Licensed Professional Counselor (LPC) status in the state of North Carolina in 2010 (#7853). I have approximately 10 years of experience as an LPC.

Counseling Services Offered & Counseling Philosophy:

My background in the mental health field includes experience working with individuals from diverse backgrounds. I have worked with children, adolescents, and adults. I have experience working with individuals who have been diagnosed with depression, anxiety, addiction, grief, psychotic, and bipolar disorders, as well as issues associated with relationships and self-esteem. I have worked with individuals from different cultures, ethnic groups, socio-economic backgrounds, and sexual orientations. I have experience facilitating individual and group sessions.

With regard to my counseling philosophy, I often use theories and techniques associated with cognitive behavioral therapy, solution-focused brief therapy, and gestalt therapy. Counseling is a collaborative effort, and it is my goal to create a safe, nonjudgmental space so that clients will feel empowered to explore feelings and resolve issues associated with personal challenges.

Length of Sessions:

Therapy sessions are 50 minutes long. The course of treatment will vary depending on the types of issues that are addressed and the client's individual goals.

Fees and Payment:

Fees are based on the service and should be paid in full at the time of that service. The intake session is \$130, and subsequent individual sessions are \$100. I maintain a designated number of slots for individuals who would prefer to pay cash (\$85 for the intake session and \$70 for subsequent sessions). I will be able to accept insurance soon. I accept cash and checks.

If you need to reschedule your appointment, please do so at least 24 hours in advance. If you fail to cancel an appointment within the required time or miss an appointment without canceling, you will be billed the full amount of the session. Balances that are more than 60 days past due will be forwarded to a collection agency.

Use of Diagnosis:

Please note that I do not currently accept health insurance. The following information is intended to be useful for future reference:

Some health insurance companies will reimburse clients for counseling services, and some will not. Most insurance companies require that a mental health diagnosis be given indicating that you have an “illness” before they will agree to reimburse you. Some conditions do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company (with a signed consent from you). Any diagnosis made will become part of your permanent insurance records.

Confidentiality:

The information that you share with me is confidential. According to the ethical standards of my profession and the laws of the state of NC, I can release your confidential information under the following circumstances: if I become aware of your intention to harm yourself or someone else; if I suspect that a child or older adult has been abused or will be abused or neglected; and if I am court ordered by a judge to release information.

In the event that I believe that you are suicidal, I am required to take appropriate steps to ensure your safety to the best of my ability. If I believe that you are homicidal, I am required to inform the intended victim and the appropriate authorities. In these incidences, I am not required to inform you that I have taken these steps.

I will release confidential information if you have signed a consent and requested that I provide your information to another professional, insurance company, family member, etc. Please note that your information will also be released to a collection agency in the event that you have an unpaid balance for a certain amount of time, resulting as you being identified as a client which is a breach of confidentiality.

Dual Relationships:

Our relationship will be professional in nature. Our contact will be limited to our appointments and to phone contact necessary to schedule our appointments. Please do not invite me to social events or offer me gifts. I do not accept invitations for social media contacts. These professional boundaries are put in place so that your best interest may be served. These boundaries will be upheld after the counseling relationship has ended.

Please note that I do not communicate with clients by text; nor do I communicate through email except to schedule the initial appointment and to provide the necessary paperwork so that it can be filled out and brought to the first appointment. All communication will be done during the therapy sessions and by phone conversations for scheduling appointments.

Client Records:

You may request to review your records, and this information will be provided to you unless it is considered to be harmful to your mental or physical well-being.

Emergency Situations:

I see clients who can benefit from outpatient services. I do not treat clients who need intensive levels of care; therefore, these cases will be referred to appropriate resources in the community. Please note that I am not always available. If you experience an emergency, please call 911 or go to the nearest hospital emergency department.

Complaint Procedures:

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://counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
844.622.3572 or 336.217.6007

If you have any questions or concerns, please discuss them with me. To indicate that you have read and understand the information on this document, please sign and date below.

Client
Signature _____ **Date** _____

Counselor
Signature _____ **Date** _____

