

PROFESSIONAL DISCLOSURE STATEMENT  
Anecia Brooks Lee, MA, LPC-S, NCC, DCC

**Haven of Rest Counseling, PLLC**

103 West South Railroad Street, Four Oaks, NC 27524

Office: 919 631-2483 Fax: 919-882-1802

Email: havenofrestcounseling@gmail.com

I invite you to read this document prior to selecting me as your provider for counseling services. 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. I have prepared this Disclosure Statement in an effort to provide you with information relative to my professional qualifications and to explain the intended nature of the therapeutic counseling relationship.

I earned my Bachelor of Science degree from UNC Pembroke where I majored in Criminal Justice. I continued my education at Liberty University and graduated with a Master's of Arts in Marriage and Family Therapy in May 2010. I have taken several PhD level classes at both Liberty University and North Central University in Marriage and Family Therapy with the commitment of one day completing all coursework to satisfactorily earn my PhD.

I am a Licensed Professional Counselor Supervisor (#S8449) and have worked in this capacity full time for the past 8+ years. I am a Nationally Certified Counselor (NCC) and a Distance Certified Counselor (DCC). I am currently in full time private practice at Haven of Rest Counseling. Prior to this, I served our Nation's Military and their families as a Military Family Life Counselor (MFLC) at Ft. Bragg, NC, as well as the State of North Carolina for over 24 years with both Department of Correction and Department of Health and Human Services.

I have training and experience in individual, couples, marital, pre-marital, family and group counseling. This training and experience includes clients ranging from 5 years old to adulthood. I also have training in working with clients who have suffered trauma.

I am a member of the American Association of Christian Counselors, Licensed Professional Counselors Association of North Carolina, American Counseling Association, and International Centre for Excellence in Emotionally Focused Therapy (ICCEFT).

**Therapeutic Approach**

I ascribe to an eclectic approach to counseling as well as a collaborative approach. I like an eclectic approach because I believe that oftentimes various theories can be used to assist the clients I serve. These theories include but are not limited to; person-centered, cognitive behavioral, solution-focused, family systems, emotionally focused couples, EMDR and ART (Accelerated Resolution Therapy) for trauma clients, and on occasion play therapy with younger clients. As noted, I also use a collaborative approach in that I believe that the client and counselor must work together toward successful results. The client populations I work with

include families, adults, couples, adolescents and groups. I believe that individuals are able to make better decisions if they are provided with beneficial information. This type of therapy is only successful if the client is actively involved and willing to alter their thoughts, feelings, and behavior(s) toward themselves and others. The client will be expected to journal, participate in intense discussions (individually or within groups if appropriate), and be prepared to work, both in and outside of the counseling session(s). Upon request, I will utilize a faith based perspective when working with clients which includes prayer and the use of scripture.

### **Confidentiality**

I will always regard the information that the client shares with the greatest respect. The privacy and the confidentiality of the therapeutic conversations, as well as my records, is a privilege of the client and is respected by federal law, state law, and the provider's professional ethical principles. Generally, I will tell no one what is discussed in any therapeutic session; however, there are a few instances that warrant disclosing of client information. There are three circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) when the client intends to harm him/herself or another person, (2) when there are signs and a report of child or elder abuse and/or neglect; and (3) Professional Counselors can be ordered by a judge to release information. Otherwise, I will not disclose information about your treatment, diagnosis, history, or even that you are a client without full knowledge and usually a signed Release of Information Form. In certain instances proof of a diagnosis is required by the client's insurance provider, therefore the recorded diagnosis will become a permanent part of the client's record.

### **LENGTH OF SESSIONS**

Services will be rendered in a professional manner consistent with accepted ethical standards. Individual and family sessions will be 60 minutes in duration. Group sessions are 2-4 hours in duration. Sessions will be determined by mutual consent. Please note that it is impossible to guarantee any specific results regarding the client's counseling goals, if there are concerns, the counseling relationship will be terminated and a referral will be offered at this time. However, together, the provider and the client will work together to achieve the best possible results.

### **FEES/METHODS OF PAYMENT**

The client will be expected to pay for each session at the time it is held unless you are enrolled in Medicaid. The provider's standard fee is \$125 for the first session (initial session); \$100(individual and family) for all subsequent sessions and \$35-\$75(group) per session. Payment is expected on the day of each session. Cash, money orders, credit cards and certified checks are acceptable payment forms.

If the client is unable to keep an appointment, I ask that the client please call to cancel or to reschedule at least 24 hours in advance. Failure to give 24-hour notice will result in client being charged for a half session (50.00).

Also, please be aware that if Haven of Rest Counseling, PLLC, is required, by subpoena or requested by you, to take part in any legal proceeding, the fees for legal services are \$250.00 per hour with a one hour minimum. There are no discounts available for court related services.

At present, I am authorized to accept Blue Cross Blue Shield, Health Choice and Medicaid, Aetna, Tricare, MHN, Medcost, Magellan, Beacon, MOS, UHC, UMR and ComPsych. If the client has any other HMO or insurance providers, they will be given a super bill form for convenience in filing insurance claims as well as a reminder for the next session. The super bill form will have all the information routinely needed for record keeping and for filing insurance. Simply attach the super bill to your claim form and submit it directly to your insurance carrier. Insurance companies require a diagnosis for reimbursement. In that case, the diagnosis becomes a permanent part of the client's records.

In circumstances of unusual financial hardship(s), I may be able to negotiate a fee adjustment or payment installment plan. Fee adjustment is:\_\_\_\_\_. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I will have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I will release regarding a patient's treatment in his/her name, the nature of services provided, and the amount due. Is such legal action is necessary; its cost will be included in the claim.

### **COMPLAINT PROCEDURES**

If the client is dissatisfied with any aspect of the therapeutic process, please inform me immediately; this will enhance the working relationship effectively and efficiently, however if you perceive that you have endured unfair or unethical treatment by the provider and is unable to resolve the problem(s), the client may contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC 27529, (919) 661-0820, for clarification of client's rights as explained them or even to lodge a complaint.

If you have any questions, feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you. A copy will be retained in your confidential record.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_