

## **Professional Disclosure Statement Client Information, Agreement and Consent for Treatment**

■ Southern Wake Counseling Center, PLLC ■  
320 N. Judd Parkway, Suite 200 ■ Fuquay Varina, NC, 27526 ■ 919-557-8222  
swcounseling@embarqmail.com

Thank you for choosing Southern Wake Counseling Center to pursue your counseling services. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

### **Professional Credentials**

**Claudine Parker, LPC** I received my M.A. in Community Counseling and B.A. in Communications from Campbell University. I have over three years of direct counseling experience and eight years experience in adolescent and family work. I am a Licensed Professional Counselor in North Carolina and a board-eligible National Certified Counselor. I am an active member with the American Counseling Association and the North Carolina Counseling Association. Prior to my current focus as a therapist, I assisted with the administration of a mentoring program. I conducted family assessments, trained and coordinated volunteer mentors, and provided counseling to adolescents and their families. I worked in areas of juvenile behavior, life-skills development, peer relations, anger management, and problem resolution. Areas of training include Anger Management; Parenting Issues; Psychosis; Depression/Anxiety; Crisis Intervention; Childhood Sexual Abuse; PTSD/Stress Management; Addictions Counseling and OCD.

### **Philosophical Base/Counseling Approach**

I operate from an Existential/Person-Centered philosophy that emphasizes meaning in one's life, responsibility, and the ability to express oneself in your own unique way. I view counseling as a process by which I facilitate my clients in exploration, clarification, and identification of their needs and help them to make changes in behaviors and cognitions. There are many reasons people seek counseling; regardless of the reasons, I believe an enhanced sense of self understanding and acceptance is essential in all situations, including how past experiences have shaped the way we view ourselves, as well as how we understand relating to others. Therapy provides a safe place to explore reactions, thoughts, and feelings about people in your life as well as yourself. It allows you the opportunity to practice new ways of interacting and, when ready, to try these in other relationships. I utilize the Multi-modal approach to counseling. Relying on research, I integrate an array of therapeutic interventions that will yield optimum results for the individual and the issues presented. I work with children, adolescents, and adults.

### **Counseling Services**

I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. Self-awareness and self-acceptance are goals that sometimes take a long time to achieve. While some clients may need only a few counseling sessions to feel complete, others may require months or even years of counseling. Clients are in complete control and may end the counseling relationship at any point and I will be supportive of that decision. If counseling is successful, clients should feel that they are able to face life's challenges in the future without their counselor's support or intervention. There are both benefits and risks associated with counseling. Risks can sometimes include experiencing uncomfortable levels of feelings, such as sadness, guilt, anxiety, anger, frustration, and helplessness. Counseling often requires recalling unpleasant aspects of your history. On the other hand, counseling can have benefits for those who undertake it. It often leads to a significant reduction of feelings of distress, to better relationships, and resolution of specific problems.

### **Services**

It is impossible to guarantee any specific results regarding your counseling goals. However, I assure you that my services will be rendered in a professional manner, consistent with accepted ethical standards. If you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns about my services, you may report your complaints to the North Carolina Board of Licensed Professional Counselors, P.O. Box 1369, Garner, NC 27529 at 919-661-0820.

**Fees/Cancellations**

Intake/initial consultation \$125.00  
Individual Counseling \$95.00 Per 50 min. session  
Interactive Counseling (child) \$115.00 Per 50 min. session

Due to the time commitment I make to you, if you fail to show without having given at least 24 hours notice, you will be charged \$95 appointment fee. You may leave message 24-hours a day at 919-247-8839 in case an appointment must be broken. Currently accepting cash, credit cards, and checks.

**Insurance Reimbursement**

Services provided by our office may or may not be covered by your health or medical insurance policy. I am able to file insurance claims for reimbursement with some insurance companies and am on several insurance panels. As a courtesy, I will file with your insurance company for you. Fees are payable in-full at the time of each visit. It is not my general policy to finance services, however, other payment arrangements are sometimes possible, but must be pre-approved. It is also important to understand that Southern Wake Counseling Center is a separate entity from the insurance company and that the insurance company may reimburse at a different rate than the billed amount. This would not release you from your financial responsibility.

**Use of Diagnosis**

A diagnosis must be made if the client desires reimbursement from insurance or if the client’s care must be coordinated with other health care providers. Once the diagnosis is given, it becomes a part of the client’s records and the same privacy/confidentiality rulings and exceptions apply.

**Confidentiality**

Your counselor respects your right to privacy and avoids unwarranted disclosures of confidential information. All information discussed in counseling will be treated as confidential except in instances when the client becomes a serious threat to self or others, when there is an indication of child or elder abuse, when mandated by the law, or upon an insurance company’s request for information regarding reimbursement of fees.

**Emergencies**

Emergency phone calls will be returned as soon as possible. If you feel you are in crisis and need to speak to a counselor immediately, relay this information via a voicemail message at 919-247-8839. If your counselor is unavailable or does not return your call immediately and you cannot wait for a call back, Please call 911 or go to your closest emergency room.

**Ethical Standards**

I subscribe to the code of ethics of the American Counseling Association

By your signature below, you are indicating that you have read and understand this statement, and that any questions you have about this statement have been answered to your satisfaction. Please sign both copies of this form and the HIPAA information form. Your signature indicates agreement and compliance with the aforementioned conditions and receiving client rights information.

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Counselor’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client’s / Guardian’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date