



**Andrew Elman LPC ATR    919.985.1529**

## PROFESSIONAL DISCLOSURE STATEMENT

Personal counseling is conducted in various ways, depending on the counselor. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs at this time. Please discuss any questions or concerns you may have before we begin our session.

### Credentials and Experience

I hold the Master's degree of Psychology (2005) from the Phillips Graduate Institute where my concentration was in the area of Marriage and Family Therapy and Art Therapy. My undergraduate degree in Anthropology and Fine was earned at Pitzer College. I am licensed in the State of North Carolina as a Licensed Professional Counselor and I am registered as an Art Therapist. I have a professional membership the American Art Therapy Association. I have been a licensed counselor for the past 5 years. I am experienced in the areas of relationships, anxiety, depression, grief, stress/anger management, emotional deregulation, and trauma and abuse. I have also received both Level One and Level Two training in Eye Movement Desensitization and Reprocessing (EMDR) from the EMDR Institute.

### The Counseling/Consultation Process

People come to counseling because they want something to be different in their lives. They may want to change their personal or family situation, solve a particular problem, or simply bring a healthier balance to their lives. The counseling process can be fun and exciting. It can also, at times, be very challenging, difficult and even painful. However, the goal will always be to bring about some positive change. At our initial meeting, we will assess your current needs and concerns, and decide if we can work together to address them. We will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further counseling or assistance. Throughout our work together, I will make every reasonable effort to professionally facilitate the resolution of your needs and concerns. Ultimately, you must decide to use what you gain from the counseling process.



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### Your Rights and Responsibilities

You have the right to ask me to explain my reasons for making certain recommendations or for using certain procedures. You also have the right to refuse to follow these recommendations, and/or to terminate the counseling process at any time and for any reason. I have the right and ethical responsibility to terminate counseling and offer a referral to another counselor if you choose not to follow my recommendations. Either of us may request a final session to discuss the reasons for termination, and to decide on an appropriate referral if desired. Please inform me if you are seeing another counselor or mental health professional during the course of our work together, so that we may provide consistent treatment for you. You have the right to confidentiality in the counseling relationship as described in the next section. Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me no sooner than 24 hours before the appointment. You will be responsible for payment for any missed or uncancelled appointments, except in the case of personal emergency. Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment

### My Responsibilities as Your Consultant

As a Licensed Professional Counselor, I adhere to the Code of Ethics and Standards of Practice approved by the North Carolina Board of Licensed Professional Counselors. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy: I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:

1. I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person, or if by court order.



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2. If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease. Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so. In short, I have a “duty to protect” you and others from harm.

3. I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.

4. If you wish to file a complaint against a North Carolina licensed professional counselor, you may do so by placing that complaint in writing and sending it to the NCBLPC. According to the American Counseling Association’s Ethical Guidelines, you should attempt to resolve your complaint with the counselor directly. If this is not successful, you may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit along with a completed NCBLPC Complaint Form to the board. The board will assign your complaint a number so no names will be known to anyone but the board attorney, administrator, and ethics chair. Once the complaint has been received, notification is sent to the counselor against which the complaint was filed allowing him or her to respond to the alleged charges. If necessary, the board will investigate the complaint and issue a ruling after gathering all necessary information. Investigations will not be made unless complaints are in writing and signed by the complainant. For further information please visit <http://www.ncblpc.org/licenseinfo/complaints>

#### Fees for Service

Methods of payment accepted cash, check, or money app. Regular Sessions (50 minutes) \$ 100.00 - Extended Sessions (75 minutes) \$ 132.00 Fees are payable at the beginning of each session by check or cash. Make checks payable to Andrew Elman , and please have your check prepared in advance so that session time can be best utilized.



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Your signature below or on the Services Signature Sheet indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Your signature also acknowledges you received a copy of my Notice of Privacy Practices as mandated by HIPAA. Please sign below indicating that you understand all the information in this document. Print Client

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature (or guardian if client is a minor): \_\_\_\_\_

Date: \_\_\_\_\_