

Professional Disclosure Statement: Informed Consent

Kristin Leathers, M.A., LCMHC (#7379)

I am grateful that you have chosen me to be your counselor. This document is meant to inform you about my education and background, and to better explain the nature of our professional relationship. I attended Meredith College, where I received my BA in Psychology in 2002. I later went on to receive my Masters in Christian Counseling from Gordon-Conwell Theological Seminary in 2008. I am licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors and have worked in private practice. I also have 20 years of experience working for an outreach ministry called Young Life.

I provide counseling services for individuals, young adults, couples, and families. I also provide counseling services to male clients excluding issues of sexual addiction. My approach to counseling is collaborative and pulls strongly from the techniques found in Emotionally-Focused therapy, Attachment Theory, and Cognitive Behavioral Therapy. The counseling approach is based on both my theoretical beliefs and the needs of my client. What remains common is my belief that all people are created with dignity and placed in a broken world. The way we navigate this world, interpret pain, and engage in relationships with others has a deep impact on the trajectory of our lives. My hope is that the counseling setting affords clients with a feeling of safety and respect, so much so that they can explore the workings of their internal and external worlds and how they intersect with the hope of Christ.

During our time together you should expect to work inside the counseling room. Moving towards wholeness and freedom is an involved and ongoing process that requires the client and counselor to be engaged. It may also require you to do some work outside of the counseling room in the form of a book or assignment related to the work we are doing within the sessions. We will do this good work within the greater context of God's grace, which allows us to work without striving.

Fees & Insurance

I will take payment by check or credit/debit card at the beginning of each session; receipts are available at your request. The client assumes full responsibility for all expenses for counseling. If applicable, a \$25 returned check fee will be charged. The cost for each 50-minute session is \$125. The Barnabas Center staff raise funds to finance scholarships for clients who need them. Applications for scholarship may be requested in person or by telephone through the office administrator; they will be granted as available based on the sliding scale below [annual gross household income]:

Income	Fee
Under 25,000	\$55
25,001-50,000	\$70
50,001-70,000	\$80
70,001-100,000	\$100
Over 100,000	\$125

Barnabas does not file insurance. You are welcome to file a claim for coverage on your own. Some health insurance companies will reimburse clients for counseling services, some will not. Most will require that you have a diagnosed "illness" before they will agree to reimburse you. This diagnosis will be a permanent part of your insurance records. If you would like to be referred to a counseling practice that files insurance, I can do so for you.

If you are unable to keep an appointment, please call to cancel or reschedule **at least 24 hours** in advance. If I do not receive such advance notice, you will be responsible for paying for the session that you missed.

Confidentiality & Grievance Process

As your counselor, everything that is shared during our sessions will be kept confidential. No information will be released without written permission. There are a few exceptions in which confidentiality will be broken, as stated in the ACA Code of Ethics: 1) If there is reasonable suspicion of abuse of children or elderly persons, 2) If you present a danger of violence to another person, 3) If you are likely to harm yourself unless protective measures are taken, and 4) If release of records are court-mandated.

I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>). If you are dissatisfied with any aspect of my work, please inform me immediately. If that does not resolve the problem, you may file a complaint against me with the organization below should you find that I am in violation of the code of ethics.

North Carolina Board of Licensed Clinical Mental Health Counselors
844-622-3572 or 336-217-6007 Fax: 336-217-9450 P.O. Box 77819, Greensboro, NC 27417
E-mail: Complaints@ncblcmhc.org

By signing, we adhere to these terms and abide by these guidelines.

Client Signature and Date

Counselor Signature and Date

Guardian Signature (if applicable) and Date