

LCMHC Professional Disclosure Statement

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Qualifications

I received a Master of Education in Counselor Education, 1996 from North Carolina State University. I Currently hold the following licenses: NCDPI certificates in grades 6-12 (Social Studies) education and K-12 School Counseling, License # XXX-XX-5613; LPC, License Number 9465. I am also a Registered Play Therapist and have over 20 years of counseling experience.

Counseling Background

Services Offered

I serve children and their parents, birth through eighteen years of age. As a therapist, I seek to understand parent and child relationship and provide therapeutic support to enable the child to function more successfully at home and school. I provide individual counseling with children who are school-aged, first grade through through twelfth grade. I also provide parent counseling for families birth through high school. I focus on providing a safe and nurturing environment for my clients, so that they might learn to better cope with emotional, social or behavioral challenges in their lives.

In order to best serve parents and children, I take an integrated approach toward helping them. Building relationships with teachers and children is the foundation of what I do, so I generally form this foundation using child-centered play therapy. After formal and informal assessment is made using information from parents/guardian and child interview sessions as well as collections of information from significant others who work with the child, I will collaborate with the parents to develop a treatment plan for the child. Using a Strengths-Based approach allows me to help families and children understand what is going well in order to have a foundation on which to build. On these strengths, we can collaboratively develop strategies to help children be more successful. When I interact directly with children, I employ child-centered approaches in order to build trust and capacity within the child. When I work with parents individually, I often use a Cognitive-Behavioral approach. Finally, an Adlerian approach is also used to more fully understand the social world of the child.

Session Fees and Length of Service

Sessions may range from forty-five minutes to fifty minutes in length. The intake process includes a phone conference prior to the session, the session itself, and processing all related intake paperwork.

Fees for all counseling services are due at each session, regardless of the type of insurance you may have. You will be given a superbill form for your convenience in filing insurance claims. The superbill form that you receive will have all the information routinely needed for record keeping and for filing insurance claims. Simply attach the superbill to your claim form and submit it directly to your insurance carrier.

Standard Fee Schedule:

- Initial Diagnostic Evaluation \$150
- Triple P Program or parent consultation \$110/session
- Individual/Family Psychotherapy \$110/session * Sliding Scale available
- Missed Appointment Fee \$50
- Treatment Summary/Written Reports range from \$50 to \$200 with two weeks notice
- Court Requests: A flat fee of \$1000 will be charged each day or part thereof for clinical court appearance on behalf of each client. All fees are due prior to receipt or appearance and a written and signed letter must be obtained from the client and/or its representative at least one week prior to the court date.

Methods of payment include cash, Venmo, check, or credit card due at the time of service

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling 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. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints

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://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>).

NCBLCMHC
PO Box 77819
Greensboro, NC 27417
Phone: (844) 662-3572
Fax: (336) 217-9450

For Complaints:

<http://www.ncblcmhc.org/Enforcement>

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client: _____

Date: _____

Counselor: _____

Date: _____