

LPC Professional Disclosure Statement

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Qualifications

I have a M.Ed. in Counselor Education received in 1995 from East Carolina University in Greenville, NC. I have a NC Department of Public Instruction certificate in grades, K-3,4-6,6-8 (Science) Education and K-12 School Counseling, License # XXX-XX-5613. I am a Licensed Certified Mental Health Counselor, License #9730 and a Registered Play Therapist. I have been working as a counselor for over twenty years.

Counseling Background

I serve children ages 3 through 18, parents of children ages 3 through 18, and women ages 19 and older.

In order to best serve parents and children, I take an integrated approach toward helping them. Building relationships with parents and children is the foundation of what I do. Formal and informal assessments are made using information from parent and child interview sessions as well as information from significant others who work with the child. I collaborate with the parents to develop a treatment plan for the child. Using a strength based, solution-focused approach allows me to help parents 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. I primarily use Cognitive Behavior Therapy (CBT) and indirect and direct play therapy techniques during sessions with children.

I have training in Cognitive Behavior Therapy (CBT), Motivational Interviewing (MI) and Eye Movement Desensitization and Reprocessing (EMDR) and use these techniques along with traditional talk therapy to assist women struggling with complex trauma, life transitions, depression and anxiety.

Session Fees and Length of Service

Fees for all counseling services are due at each session, regardless of the type of insurance you may have. I accept checks, cash, Venmo and major credit cards but do not accept insurance. 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. \$110 is the fee for a 45 minute individual or family session. A fee of \$50 will be charged for missed appointments unless you call 24 hours in advance or there are extenuating circumstances. See my website, www.flipconsultants.com, for additional fees.

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/aca-code-of-ethics-pdf>).

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

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

Client: _____ Date: _____

Counselor: _____ Date: _____