

**C. Grace Hodgson, MA, LPC, NCC**  
**Licensed Professional Counselor**  
**Main Office: (980) 395-3062**  
**Direct Line: (980) 777-6005**  
**Fax: (980) 321-7164**

## **Professional Disclosure Statement**

### **Qualifications:**

I am a Licensed Professional Counselor practicing in North Carolina (# 6916) and a National Certified Counselor (#207705). I received my Masters of Arts in Community Counseling from the University of North Carolina at Charlotte. I have over a decade of experience as a counselor and am a current member of the American Counseling Association and the American Association of Christian Counselors.

Having raised a family and cared for aging parents prior to completing my degrees, I bring an understanding of the various stages of life and the need for a safe place to explore issues that are causing trouble in your life. I have had a variety of experiences in the counseling field, including individual, marriage and family counseling, parenting groups, support for hospice patients and families, life transitions, and working in the area of crisis pregnancy and post-abortive healing. My passion for counseling is based on my belief that each person has great value from God's perspective. This view allows me to provide support and hope in each counseling relationship.

### **Therapeutic Approach:**

My primary therapeutic method is Cognitive Behavioral Therapy which looks at how your beliefs and self-talk interact with your behaviors. Other therapeutic approaches used include Solution Focused Brief Therapy, Motivational Therapy, Family Systems Therapy and Sound Relationship House couples therapy. Having knowledge of multiple approaches allows me to tailor therapy to fit each client.

### **Confidentiality:**

The information you share in counseling session will be held as confidential as required in the Health Insurance Portability and Accountability Act (HIPPA). As a counselor, I am required to break confidentiality in the following instances: 1) in cases of child abuse or neglect or elder abuse or neglect; 2) imminent harm to yourself or others; 3) if you sign a release of information to coordinate care with another healthcare provider or to bill for insurance purposes; 4) if a court order were presented from a judge. In couples counseling, the couple is the client so information between the parties cannot be guaranteed confidential and both signatures will be required for release of information

**Counseling Sessions:** Counseling sessions last approximately 50 minutes. We will discuss you desired goals and develop a plan, including frequency of sessions. Your participation is important in working through the issues you bring to each session. Homework may be assigned to support the counseling process.

### **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.***

**Fees:**

Payment may be made by cash, check, or credit card to Clear Creek Counseling, PLLC. Fees and co-pays are due each session unless previous arrangements have been made. \$25.00 will be charged for returned checks.

Initial consultation: \$120.00

50 minute session: \$100.00

Couple's Therapy: \$120.00

**Cancellation Policy:**

Cancellations must be made to (980) 777-6005 with 24 hours of notice. Failure to provide sufficient notice will result in a \$40.00 charge for the first occurrence with the full fee required for subsequent occurrences.

**Insurance Billing:**

This office does provide billing services for insurance; however, you will be required to call your insurance company and receive prior authorization. You will be financially responsible for any fees not covered by insurance.

**Court Appearances:**

Custody evaluations and court appearances are not part of my practice. I will not appear in court on any one partner's behalf in a custody dispute. If subpoenaed for court, my fees are twice my hourly rate (\$200.00 per hour) including time in court, travel and preparation time.

**Multiple or Dual Relationships:**

The professional, confidential relationship required for therapy limits other contact with me, including other business or social settings. This is to protect your confidential counseling process and is part of a counselor's ethical code.

**Use of Social Media:**

Once information is put out on the web or other social media services, it is permanently available to anyone. For this reason, neither Clear Creek nor I will respond to any online review or social media requests. We discourage you from rating or commenting on our services as this leaves you open to losing the therapeutic confidentiality.

**Ethical Concerns:**

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@ncblpc.org](mailto:Complaints@ncblpc.org)

**Acceptance of Terms**

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

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

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

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