

## **Professional Disclosure Statement**

Bethany G. Davis, MA, LPCA, NCC

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### **My Qualifications**

I am a Licensed Professional Counselor Associate practicing in North Carolina (#14120), and I am a National Certified Counselor (#1096093). I received my Master of Arts in Counseling from Columbia International University.

I have a year and a half of counseling experience, which I gained in my practicum and internship experiences during my graduate education. This time allowed me to explore a variety of approaches to therapy while working with diverse client populations. I have served clients in individual, group, and family sessions. My passion is helping clients identify what they want for their lives and equipping them with tools to help them achieve their goals.

### **Therapeutic Approach**

I tend to approach counseling with the focus on treating the whole person, while addressing the current needs that the client presents in session. I have found that integrating the biological, psychological, social, and spiritual parts of a person is helpful in a client achieving overall greater results. Using techniques of Cognitive Behavioral, Dialectical Behavioral, and Mindfulness-based therapies, I believe a person is better equipped when able to take the skills he or she has learned in therapy and use them in everyday living. My goal in our sessions will be to help you address your concerns, issues, or difficulties in your life and endeavor to develop more effective coping skills.

### **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.

### **Counseling Sessions**

Counseling sessions last approximately 50 minutes. We will discuss your 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.

### **Cancellation Policy**

Cancellations must be made 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.

**Fees**

Payment may be made by cash, check, or credit card. 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

**Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require 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.

**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. Additionally, I will not respond to any online review or social media requests.

**Supervision**

As a Licensed Professional Counselor Associate, I meet with a Licensed Professional Counselor Supervisor on a weekly basis. My supervisor provides guidance and consultation on my cases to ensure that clients are receiving the best services possible. She also abides by the guidelines of practice that I have outlined above. My supervisor is Courtney Ycaza, LCAS, CCS, LPCS (#S9091). She may be contacted at 980-613-2060 or courtney.ycaza@yahoo.com.

**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

E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

**Acknowledgement of Terms**

I have read the above statement, and I am informed about the policy regarding confidentiality of information I may provide during counseling and the limits of that confidentiality. With full understanding of these provisions, I give my informed consent to receive counseling services.

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

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

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