

**Professional Disclosure Statement**  
C. Rebecca Wong Simmons MA, LPC  
704-793-7760  
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**Education and Experience**

My name is C. Rebecca Wong Simmons and I received a Master of Arts Degree (M.A.) in Counseling from the University of North Carolina at Charlotte in May of 2011. I am a Licensed Professional Counselor (#8996) in North Carolina as of June 2015.

I have been a Licensed Professional Counselor for four years working in the school system and in private practice. I have experience working with children, adolescents, adults, families, and the elderly. I have worked with individuals and families on a variety of issues including relationship/family issues, depression, anxiety, self esteem, cutting, sexual identity/orientation concerns, grief and loss, and career exploration. While completing a Master's in Counseling at UNC Charlotte, I completed a 150 hour practicum experience in a hospital setting where I counseled children, adolescents, adults, and the elderly. I also completed a 600 hour internship experience at a high school where I counseled adolescents on personal, academic, and career issues. The combined experiences were completed in a year and two months.

**Counseling Philosophy and Services**

As a counselor, I utilize Person Centered Therapy with Cognitive Behavioral Therapy and Dialectical Behavior Therapy. Each individual therapy session typically lasts 50 minutes in length. Group counseling typically lasts around 60 minutes. I offer individual counseling, group counseling, structured group counseling, and academic/career counseling.

As a Licensed Professional Counselor, I vow to treat all clients equally regardless of age, sex, race, culture, sexual orientation, social/economic status, or religious background. It is my goal to help my clients meet their personal, social, and career goals and to provide a supportive environment. I will work with clients individually as well in group settings with regards to adjustment issues, self esteem, depression, divorce or separation, crisis intervention, anger management, career planning, and grief/loss counseling.

**Fees and Reimbursement**

Payment is accepted in the form of cash, checks, or credit card. Initial intake session is \$150. Fees for a 50 minute session are \$110. There will be a \$25.00 fee for returned checks. Please make checks payable to **Clear Creek Counseling**. Any amount past due may be sent to a

collections agency if not paid within 120 days.

### **Cancellation Policy**

If you do not show up for your scheduled therapy appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the session.

### **Use of Diagnosis**

If a client is using insurance, it is typically necessary for a diagnosis to be given in order for claims to be serviced. In addition to a diagnosis, insurance companies may also request treatment plans or summaries. This information, including the diagnosis would become part of the client's permanent record. Once the diagnosis is given, it becomes a part of the client's records and the same privacy/confidentiality rulings and exceptions apply.

### **Ethical Standards and Confidentiality**

Everything that is said in individual counseling will remain confidential and private, with the following exceptions:

- You direct me in writing to disclose information to someone else
- It is determined you are a danger to yourself or others (including child or elder abuse)
- If I am ordered by a court to disclose information

While confidentiality is stressed in the group setting, confidentiality cannot be guaranteed as there are other group members involved. However, I will keep everything confidential unless any of the above exceptions are suspected.

I may consult with other counselors and/ or my supervisor to determine an action plan for you; however, confidentiality remains between counselor and client.

### **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 code 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: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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