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**PROFESSIONAL DISCLOSURE STATEMENT**

*This document is designed to inform you about my background, policies and to ensure that you understand our professional relationship.*

**FORMAL EDUCATION, CREDENTIALS, LICENSES, AND COUNSELING EXPERIENCE:** I am a Licensed Clinical Mental Health Counselor Supervisor (LCMHCS), license #: 7588, licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors (previously Board of Licensed Professional Counselors) in October 2009. I have been in the mental health profession (focus on mental health and developmental disabilities) since 1993. I obtained a Master of Science Degree in Rehabilitation Counseling and Substance Abuse Counseling from East Carolina University, Greenville, NC in 1998. Since 2009, I have provided Individual and Family Outpatient therapy to children and adults coping with issues of anxiety, relationship challenges, trauma, anger, depression, low self-esteem, family separation, grief/loss, etc.

**Population and therapeutic techniques:** The decision of the evidence based model will be based on the assessment conducted and the model that is believed to provide the greatest positive outcome. Models may be solution focused, insight oriented, Transactional Analysis, EMDR, TF-CBT, DBT or cognitive-behavioral therapeutic techniques. I specialize in providing treatment to children, adolescents and adults. Populations that are in my scope of practice include, but not limited to those who have experienced trauma and presenting with symptoms of PTSD. I also treat those with ADHD, childhood diagnosis, adjustment difficulties, anxiety, depression, and family issues. If the child is a minor, I will request the family is present during the initial appointment. On-going family sessions will be required and I will be in constant communication, as appropriate, with the legal guardian(s).

I am certified to provide Transactional Analysis, Dialectical Behavioral Therapy, Trauma –Focused Cognitive Behavioral Therapy for children and families, Family Systems, and Motivational Interviewing. I have completed EMDR basic training and am currently pursuing EMDR certification.

I believe in a holistic approach to treatment and exploring all aspects of human beings, including mental, physical, spiritual health. It may be appropriate for me to refer you to specialists who have expertise in areas that better meet your needs.

**THERAPUTIC COUNSELING PROCESS-**Therapy is a process that promotes self-understanding and insight, honesty with one's self and a greater understanding of human relationships and dynamics. Initial sessions begin by discussing the issues that have brought you to seek therapeutic counseling. An assessment will be completed, and if warranted a diagnosis will be determined. If there is a mental health, substance abuse or intellectual developmental disability diagnosis, it will become a permanent part of the service record. Together we will design a treatment plan for therapy based on your specific needs. Progress will be assessed frequently, allowing for revisions to therapy may be made at any time.

**TYPE OF THERAPY TO BE PROVIDED-**Therapy will be individualized and designed to best meet your needs and goals. I use techniques such as behavior modification, mindfulness, role play, conflict resolution; values clarification and cognitive restructuring that promote self-understanding, expression of feelings, empowerment, and increase satisfaction in relationships.

**LENGTH OF SESSIONS/FEES**

Initial Meeting (Intake)	\$115.00
Individual Therapy:	
20-30 minutes	\$65.00
45-50 minutes	\$95.00
60 minute session	\$110.00
75 minutes –plus	\$115.00
Family Therapy w/o child	\$110.00
Family Therapy w/ child	\$110.00
Group Therapy per client	\$45.00

Method of payments accepted: cash, personal checks, debit cards, HSA, Flex and credit cards. Insurances accepted at this time Blue Cross/ Blue Shield, Cigna, United Health Care, Compsych, and approved EAP networks. Out of Network will be filed if necessary. Private pay is also accepted at rates above. In the case of overpayment, a credit will be applied to the account to be applied. To qualify for therapy reimbursement, diagnosis will be disclosed to the insurance company, as required. The diagnosis will be a part of the client's record and kept confidential.

APPOINTMENTS-Appointments may be scheduled in person, e-mail or by phone. If I am not able to answer the phone please leave me a message on a confidential answering machine and I will return your call within 48 hours. If you have an emergency, you may call my cell phone and I will respond as appropriate. If you have a non-emergency call but need to talk to me between appointments, the first 5 minutes are free, additional time will be charged at the standard rate for individual therapy.

If it becomes necessary to cancel or reschedule an appointment it must be done within 48 hours prior to your scheduled appointment in order to avoid paying a \$75.00 no show fee.

CONFIDENTIALITY -Confidentiality is the protection of information of the clients attending therapy. All information, including identifying information (name, address, e-mail, and phone number) is protected at all times. You are also responsible for not disclosing the identity of any other clients seen while on the premises or any information acquired through the participation in any group or other event where contacts are made.

The privacy and confidentiality of our conversations and medical records is your privilege and is protected by state law and my professional ethical principles **except under the following circumstances, as mandated by law:**

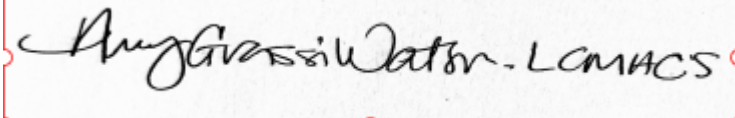
- When the client authorizes in writing the disclosure of information.
- When there is an indication that the client may be harmful to self or other(s).
- When there is an indication of child or elderly abuse, spousal abuse if a weapon is known.
- When the court ordered for medical records and/or testimony.

COMPLAINT PROCEDURES-If you are dissatisfied with any aspect of my work, please inform me immediately. If you think you have been treated unfairly, unethically or that your rights have been violated and cannot resolve the problem with me, you may contact the North Carolina Board of Licensed Clinical Mental Health Counselors at PO Box 77819, Greensboro, NC 27417, 884-622-3572, FAX (336) 217-9450, [www.ncblpc.org](http://www.ncblpc.org).

Anytime you have questions, please ask me and will be happy to help you.

Please sign both copies of this form and keep a copy for your records along with the outline of your client rights. I will obtain a copy for my records.

\_\_\_\_\_  
Client/guardian Signature and date

A handwritten signature in black ink that reads "Amy Grossi Watson - LCMHCS". The signature is written in a cursive style and is enclosed within a red bracket on the left and a red parenthesis on the right.

\_\_\_\_\_  
Therapist Signature and date