

## Professional Disclosure Statement

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Office: 252-640-2493

### My Qualifications

I received my Master of Science degree in Clinical Counseling from East Carolina University in Greenville, North Carolina in May 2020. I obtained my LCMHCA (Licensed Clinical Mental Health Counselor Associate) (License number A15961), LCAS-A (Licensed Clinical Addictions Specialist - Associate) (Certificate number LCAS-26370), and NCC (National Certified Counselor) (Certificate number 1405331) in 2020. I have three years of counseling experience.

### Restricted Licensure

I am receiving supervision as a Licensed Clinical Mental Health Counselor Associate in North Carolina from Amy Grassi Watson, MS, LCMHCS. She can be reached at 252-245-1876 or [amy@amywatsonpc.com](mailto:amy@amywatsonpc.com).

### Counseling Background

I have worked with children, adolescents, and teenagers in the school and home setting. I have worked with adults and families. I have provided individual and group therapy sessions, and have provided in-person and tele-health sessions.

The theoretical approaches that I primarily use are Motivational Interviewing and Person Centered Approach. I also incorporate Cognitive Behavioral Therapy. I believe that the client-counselor relationship is extremely important. I have received continuing education in Trauma Informed Care.

### Sessions Fees and Length of Service

Initial session/Intake (50 to 60 minutes)	\$155.00
Individual therapy (16 to 37 minutes)	\$105.00
Individual therapy (38 to 52 minutes)	\$145.00
Individual therapy (53 to 60 minutes)	\$150.00
Family psychotherapy w/o patient	\$145.00
Family psychotherapy w/ patient	\$145.00
Group therapy per client	\$100.00
Court appearance per hour	\$100.00

Professional letters/correspondence/paperwork \$50.00 per hour

Method of payments accepted: cash, personal checks, debit cards, HSA, Flex and credit cards. Insurances accepted at this time are Blue Cross/Blue Shield, Cigna, United Health Care, Compsych, Aetna, 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 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.

In order to offer consistent and committed services, it is expected that each session will begin as scheduled. Any session that starts after the scheduled time due to late arrival, will end at

its scheduled time. Unless there is an emergency, a 48-hour notice is required should you need to reschedule or cancel an appointment. If this requirement is not met, a fee of \$75.00 will be charged.

### **Use of Diagnosis**

Most health insurance companies require a diagnosis of a mental health condition in order to cover the payment of a counseling session. Any diagnosis made will become part of your record, and clients will be made aware of their diagnosis. A diagnosis must be justified in the DSM and is well documented and shows evidence.

### **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.

Additionally, as I am under supervision until I receive full licensure, my supervisor may be involved in aspects of your care. My supervision is bound by the same requirements of confidentiality as I am.

### **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 Clinical Mental Health Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

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

### **Acceptance of Terms**

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

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

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