

LCMHCA Professional Disclosure Statement

Alexander G. Bass, LCMHCA, NCC

Office: 252-640-2493

Email: alex@amywatsonpc.com

Qualifications

I received my Master's degree in Clinical Mental Health Counseling in 2019 from Western Carolina University. I am a National Certified Counselor (NCC), # 1231593, under the National Board of Certified Counselors (NBCC). I am a Licensed Clinical Mental Health Counselor Associate, license #A17386, in the state of North Carolina.

Restricted Licensure

I am a Licensed Clinical Mental Health Counselor Associate. While practicing under an associate license, I will be practicing under the supervision of Samantha Mahon, LCMHCS #S10542, who can be contacted at 919-335-3105 or sam@peakprofessionalgroup.com. Additionally, I will have a site supervisor, Amy Grassi Watson, MS, LCMHCS, who can be contacted at 252-640-2493 or 252-245-1876 or amy@amywatsonpc.com.

Counseling Background

I have 4 years of experience working as a counselor with adults in substance abuse programs, as well as children and young adults with trauma histories. The treatment model I will use will vary between individuals. I will use an individualistic approach by identifying each client's needs, strengths, and best treatment model to ensure the most effective counseling process. I am certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and have experience utilizing play therapy, CBT, and DBT with clients. I cannot guarantee that you will make progress with me, but I will do everything possible to ensure that I provide you with the appropriate care, which may consist of a referral to a colleague who I feel will benefit you most.

The counseling process works best if you are engaged and participate in sessions. It is important to realize that you may experience some negative emotions at first while processing what is/has gone on that leads you to counseling. This is a normal reaction to counseling, but we will work together to turn those negative emotions into positive ones. We are a team, but the sessions are led by what you feel is important and what would best benefit you.

Session 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. Fees are due at the time of service, including co-payment for third party reimbursement. I am currently accepting private pay at the rates listed above. It is required to provide a 48-hour notice should you need to reschedule or cancel an appointment. If appropriate notice is not given, a fee of \$100.00 will be charged.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services while others may not. Most insurance companies require a diagnosis of a mental-health condition and indicate that you have an “illness” before they will reimburse you. Some conditions may not qualify for reimbursement. If you have a diagnosis that qualifies for reimbursement, I will discuss this diagnosis with you before submitting it to the insurance company. These diagnoses will become part of your permanent insurance records.

If the payment method is not through insurance, a diagnosis is not required. I may, however, still use a diagnosis to form a treatment plan that is most effective for the symptoms you exhibit. If this is a path to take, I will discuss this with you. We can then talk through the diagnosis and whether you feel it is a ‘good fit’ or not. You know yourself best.

Confidentiality

These sessions are confidential. Anything that is disclosed in sessions will stay between you and me. There are, however, a few situations where I will have to break confidentiality. If you disclose to me that:

- 1) There is imminent danger to yourself or others.
- 2) I believe or suspect that there is abuse or neglect to a child, dependent adult, or an elder.
- 3) I am court ordered to turn over my records or subpoenaed to testify in legal/court proceedings.

Additionally, information about your treatment and diagnosis may be shared with your **insurance company to pay claims**. As I am under supervision until I receive full licensure, my supervisors may be involved in aspects of your care to ensure quality of service to you. Confidentiality is maintained by not disclosing identifying information.

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/CodeOfEthics/TP/Home/CT2.aspx>).

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

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____