

Professional Disclosure Statement

Marcella P. Graziano, MA, LCMHC

QUALIFICATIONS

Thank you for choosing me to be your counselor. This document is to inform you about my background and to insure that you understand our professional therapeutic relationship and your rights as a client. I hold a Master's of Arts in Clinical Mental Health Counseling, which was awarded by Wake Forest University in May of 2014. I am a Licensed Clinical Mental Health Counselor (#11096) and first began the licensure process in September of 2014 and have counseled since.

As a licensed counselor, I will assist you in making decisions that will help you both emotionally and mentally, for positive growth. Together, we will construct and work towards positive goals. I believe emotional healing is possible and desire to help facilitate clients' processes as much as possible.

COUNSELING & BACKGROUND

I am currently accepting adult individual clients and specialize in working with college-aged individuals and young adults.

I have experience working with clients struggling with a variety of concerns, including depression, anxiety, anger management, trauma, eating disorders, OCD, life transitions, relationship issues, spiritual concerns, substance abuse, and holistic wellness. It is important to know that therapy sessions will vary, contingent upon what you share and what is accomplished in and outside of the counseling office. Depending on the issues and progress of the client, we will determine how many sessions will be necessary to accomplish the goals that we will set for your progress. If I believe that I can't provide the services that are needed, I will refer you to another therapist.

My clinical specialties include facilitating emotional healing in women with trauma and anxiety disorders. I am currently pursuing specialized training in EMDR, a therapeutic approach to treating PTSD and trauma related concerns.

My counseling treatment philosophy is integrated, pulling from a variety of theoretical approaches to aim to accommodate each individual client. That said, I am grounded in person-centered counseling, which emphasizes empathy, authenticity, and acceptance in the counseling relationship. I also often utilize Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Narrative Therapy, Psychodynamic Therapy, and EDMR.

Finally, I am able to offer counseling from a Christian perspective and incorporate prayer and scripture in session. That said, it is completely up to the client if and how much Christian spirituality is incorporated into our sessions. Simply, it is an honor to walk with people, no matter their background. My ultimate hope and desire is that you will persevere through the pain and experience liberating joy and freedom on the other side of the process in order to establish independence from these issues and continue life's challenges without my support.

FEES, LENGTH OF SERVICE, & CANCELLATIONS

Counseling sessions are 55 minutes and the out-of-pocket cost per session \$100. I do offer a limited number of reduced-cost session rates that are given on a first come, first serve basis. Please inquire directly with me to learn more. I am also in-network with Blue Cross Blue Shield and will file claims on your behalf if you choose to utilize your BCBS plan. If you desire to individually file your sessions with an out-of-network insurance company, I can provide you with a receipt.

All payments required by you are due at the beginning of each session by cash, check (made payable to Marcella Graziano), or credit card, or Venmo (transactions set to "private.")

***If you need to **cancel or reschedule** an appointment, please do so with at least **24 hours notice**. Otherwise, you will be charged a late-cancel or no-show fee of \$40 unless it is due to inclement weather.

CIRCLE ONE: Your determined Self-Pay Fee / BCBS Copay is \$_____.

Additionally, if you are or become involved in a lawsuit: should you choose to submit a subpoena to me via your legal counsel for the case, I ask that we discuss this at length before you consent to waiving your confidentiality. **There are several important ethical implications to review.** If you choose to use my participation, you will be expected to pay for the professional time required. I will then charge a retainer fee of **\$1000** and then an additional **\$250/hour** spent on the case (this is to include case preparation, legal depositions, consultation, travel, and witness time.)

USE OF DIAGNOSIS

It is important for you to understand that any diagnosis will become part of your permanent part of your file as well as your insurance records should you choose to file on your own. Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that 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.

CONTACTING ME and EMERGENCIES

Please feel free to contact me at my phone or by email. For various reasons, I cannot guarantee to be available by phone at all times. If you are **not** experiencing an emergency, please leave me a message and I will return your call as soon as I possibly can, however it may take me up to two days to return your call. If I am going to be on vacation or away from the practice for any extended period of time, I will inform you of those dates in advance and will give you references for other licensed professionals who are willing to provide help if needed. I do not handle emergencies by phone or email. If you believe that you are having a mental health emergency or are unable to keep yourself safe, either go to your local hospital emergency room or call 911 and ask to speak to a mental health worker on call. We can work out the details of you returning for services after you are physically safe.

CONFIDENTIALITY

In order to provide you with a trusting therapeutic environment, I will maintain confidentiality of our communication. This means that what you tell me is both private and protected by law and only under certain legal obligations or at your written consent am I able to disclose this privileged information. All communication, including diagnosis and treatment planning, becomes part of your permanent clinical record that is kept in a secure location in my personal office (lock box). You have the right to request a copy of your record, and this request must be made in writing.

In the case of unforeseen circumstances such as death or incapacitation, your files will remain held securely and confidentially by myself.

The following are exceptions to confidentiality: (1) you direct me in writing to disclose information to someone else (i.e. medical professional); (2) if you disclose that you intend to harm yourself or

someone else; (3) if I determine that you are a danger to yourself or someone else; (4) if information is revealed about alleged child, elder, or disabled adult abuse, even if suspected by a third party; (5) if your records are ordered from me by a court of law or if you subpoena your records; and, (6) if you take legal action against me, you forfeit your right to confidentiality.

***Finally, if you choose to communicate via email or text message, please know that I cannot ensure nor will I be held responsible for a breach in confidentiality. Email and text messaging have no confidentiality in the view of the court, and I advise against its use outside the scope of appointment scheduling/reminders. For that reason, I ask that it email/texting only be used for scheduling related purposes.

MINORS AND PARENTS

Clients under 18 years of age who are not emancipated (and their parents) should be aware that the law allows parents to examine their child's treatment records unless we believe that doing so would endanger the child. Because privacy in services is often crucial to successful progress, particularly with teenagers, it is my policy to request from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and the child's attendance at scheduled sessions. Any other communication will require the child's Authorization to Release Information, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of the concern. Before giving parents any information, I will discuss the matter with the minor, if possible, and will do my best to handle any objections the child may have.

ACCEPTANCE AND CLOSURE

Should I feel that I cannot continue to help you utilizing the techniques I have available, I will discuss this with you and refer you to another professional. Should you decide to end counseling at any point, I will respect your decision and assist in transitioning you to another preferred provider.

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

"I have read, understand and will abide by the contents of this disclosure statement."

Client's Printed Name:		Date:	
Client's Signature:		Date:	
Legal Guardian Name:		Date:	
Legal Guardian Signature:		Date:	
Counselor Signature:		Date:	