



Professional Disclosure Statement Lauren Shriver, Master's Counseling Intern

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Qualifications and Licensure:

I am a second year Master's student in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro (UNCG) and will graduate with a M.S. in Counseling with a focus on Couples and Family Counseling in the summer of 2019. This program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), meaning that it has met a rigorous set of standards for training. Upon graduation, I will pursue licensure as a Professional Counselor Associate (LPCA) in North Carolina. I am currently receiving weekly supervision from Jennifer Locklear, MS/EdS, LPCS, NCC, at Lewisville Family Counseling (LFC) and my University supervisor, S.Anandavalli, MS, LPCA, NCC (UNCG).

Counseling Background:

In my first year of graduate school, I completed a practicum experience working in the Vacc Counseling Clinic at UNCG working mostly with undergraduate students. I am happy to see both individual and couple/family clients at LFC. My individual counseling style is grounded in Narrative Theory which focuses on separating who the person is from the problem that they are currently facing and acknowledges that the client is the expert in their own life. I also draw from mindfulness techniques and relaxation strategies when appropriate. For couples counseling, I pull from the Gottman method and Emotionally Focused Therapy (EFT). I hope to foster a safe, open environment where you feel free to discuss whatever is on your mind. My role is to partner with you on your journey and I look forward to working with you on whatever counseling needs you may have.

Nature of Counseling:

Individuals and families seek counseling for a multitude of reasons and each client comes to counseling with different concerns and goals in mind. Regardless of the reason for pursuing counseling, I believe that an enhanced sense of self-awareness and a dedication to growth are essential for every person and that counseling can provide a space to better understand the way we view the world, ourselves, and others. Often, the topics of the counseling sessions can involve unpleasant or troubling aspects of your life or relationship. It is possible that you might experience negative feelings such as sadness or frustration, but counseling can lead to many benefits including strengthened relationships, a decrease in stress or anxiety, and an overall enhanced sense of wellness. Your motivation and commitment to work inside and outside of our sessions will be a great determining factor in the effectiveness of our time together.

Client Responsibilities and Session Fees:

Initial Assessment: \$25

85 minute session: \$37.50

55 minute session: \$25

115 minute session: \$50

All sessions will be charged at a rate of \$25 per hour. Payment is due at the time of service. I accept cash, check, and/or credit cards. Checks are to be made out to Lewisville Family Counseling. A \$30 fee is charged for all returned checks. Please note that I do not offer services related to court or custody hearings. Fees for medical records are as follows: seventy-five cents per page for the first 25 pages, fifty cents per page for pages 26 through 100, and twenty-five cents for each page in excess of 100 pages. Lewisville Family Counseling may impose a minimum fee of up to 10 dollars, inclusive of copying costs.

Cancellations:

If you must cancel an appointment, please do so within 24 hours notice. If an appointment is cancelled late - that is, with less than 24 hours notice - a late cancellation fee of \$25 will be charged. If you utilize insurance, please note that insurance does not cover late cancellations and so you will be responsible for the full late cancellation fee. If you miss an appointment without calling to cancel, your future appointments may be canceled. PLEASE INITIAL _____

Termination of Counseling/Discharge:

Please advise your therapist or the administrative assistant if you no longer wish to continue with treatment. After a period of 60 days with no contact from you, your therapist will terminate the therapy contract and discharge you from services at that time. You may call the office at any time to resume services, at which time a new intake packet can be completed.

Diagnosis:

I will not routinely provide diagnoses using the DSM-5. If you request a diagnostic assessment or if I feel that it's appropriate, I will consult with my supervisors in providing such a diagnosis. If a diagnosis is provided, it will remain part of your clinical record.

Privacy and Confidentiality:

Information shared with me will become part of your record and will be handled with respect. All of our sessions will remain strictly confidential with the following exceptions: (1) you request your information to be shared and sign a release form; (2) you expressly disclose or it is reasonably expected that you pose a threat or danger to yourself or others; (3) you disclose suspected or known child abuse or elder abuse; (4) a court order or subpoena requires the release of case records; or (5) you are under the age of 18. In cases of family or couples therapy, the couple or family will be treated as the sole client. This means that I will not keep secrets or withhold information from one partner or person in the group unless I deem it necessary or beneficial to the relationship as a whole. For information to be released, each party within the group must sign a release form. As stated above, session information will also be shared with my supervisor in consultation as necessary, but demographic details will remain anonymous.

To promote confidentiality of client information and to maintain ethical boundaries, our relationship will remain professional during and outside of our sessions together. Though the content of our sessions may center around sensitive topics, it is important to recognize that our relationship is only professional. Additionally, this means that I refrain from engaging with clients on social media platforms of any kind and if I happen to see you in public, I will not initiate conversation so as to protect your confidentiality.

Additionally, because I am a counselor in training, I participate in individual and group clinical supervision with my supervisors, Jennifer Locklear and S. Anandavalli. At times, it will be necessary for my supervisors to observe my work with clients. This could include direct observation or an audio and/or video recording of one or more of our sessions. These recordings serve as a tool to improve my counseling practice and are used for the purpose of ensuring that I am providing you with the most effective care. These recordings will remain in a secure location and will only be accessible to my supervisors and myself. All tapes will be destroyed at the end of this academic semester. Additionally, at times, I may consult with my peers in a group supervision setting about client cases. All information shared in supervision will be kept confidential among myself, my supervisors, and my peer counselors.

Inclement Weather:

In case of inclement weather, please use your discretion about whether or not to travel to your appointment. If you choose to cancel your appointment, please call the office and leave a message. If we have not already contacted you and you need to find out if the office will be closed due to inclement weather, you can call the office at 336-945-0137, check our website at <https://www.lewisvillefamilycounseling.com/InclementWeatherInformation.en.html>, or e-mail your counselor.

Security and Privacy with Electronic Communication:

E-mail and texting can often be convenient methods of communication. When you register online as a client with Lewisville Family Counseling, you will have an option to receive appointment reminders via text or email. Please be aware that e-mail and text are not secure methods of communication and keep this in mind if you choose to provide us with an e-mail address and phone number and choose to communicate by these means. By providing Lewisville Family Counseling with an e-mail address and cell phone number, you are agreeing to receive e-mail and text communication from us.

I **do** **do not** give permission for Lewisville Family Counseling staff and contractors to e-mail me at the following address(es):

I **do** **do not** give permission for Lewisville Family Counseling staff and contractors to text me at the following phone number(s):

I **do** **do not** give permission for Lewisville Family Counseling staff and contractors to leave a voicemail for me at the following phone number(s):

Complaints:

Please feel free to address any issues or complaints with me directly. If you feel additional action should be taken, you are welcome to contact my site supervisor, Jennifer Locklear, at jennifer@lewisvillefamilycounseling.com, or University supervisor, S. Anandavalli, at s_ananda@uncg.edu. You may also file a complaint against me with the North Carolina Board of Licensed Professional Counselors if you believe I have violated the ACA code of ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>) at the address provided below.

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

Acceptance of Terms:

You are encouraged to discuss any questions or concerns you have about the above information and the counseling process with me. Please sign on the line below if you have read and understand the above information and voluntarily agree to abide by these guidelines.

Client: _____

Date: _____

Client: _____

Date: _____

Counselor: _____

Date: _____