

# **Professional Disclosure Statement**

Martina Glasscock-Barnes, MS, LPC

I earned my Masters in counseling at Western Carolina University in 2000 and am a former grief counselor with Care Partners Hospice. I am an interfaith minister trained in both Western and Eastern religions and have worked as a spiritual counselor and meditation teacher since 1987. I am licensed by the state of North Carolina as a LPC, Licensed Professional Counselor and nationally by the NBCC as Nationally Certified Counselor. I have been trained as a Red Cross Disaster Mental Health Care Counselor. Additionally, I am on the board of advisers for the Asheville School of Massage and Yoga.

## **Counseling Services Offered/Theoretical Approaches**

Thank you for the opportunity to provide my services. I offer counseling services to individuals and couples with issues regarding interpersonal concerns, depression, anxiety, post traumatic stress, grief and loss, life transitions and spiritual development. I accept clients in my private practice that I believe have the capacity to resolve their own problems with my assistance.

I believe that each person has within them a natural ability to eliminate self-defeating patterns and increase their capacity for joy through self-awareness. However, self-awareness, self-acceptance and positive behavioral changes are goals that realistically take time to achieve. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

I practice a holistic (body/ mind/ heart), humanistic and developmental approach to counseling. I use a combination of evidence based theoretical approaches and holistic techniques, which are chosen, based on your individual needs. I have specialty training in grief counseling and EMDR for trauma recovery, anxiety, depression and redefining negative core beliefs.

## **Confidentiality**

I regard the information you share with me with the greatest respect. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by federal law and my profession's ethical principles, in all but a few circumstances. I cannot guarantee confidentiality, legally or ethically when: (1) I believe you intend to harm yourself or another person: and/or, (2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances professional counselors can be ordered by a judge to release information.

Based on HIPAA regulations, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and a signed consent to release information. When appropriate, I employ the use of confidential clinical consultation to provide the very best treatment possible.

## **Explanation of Dual Relationships**

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Although our sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a social one. You will be served best by our relationship remaining strictly professional and by our sessions concentrating exclusively on your concerns. You may learn about aspects of my life experience as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

### **Fees/ Length of Sessions**

In return for a fee of \$85.00 per individual session, I agree to provide counseling services for you payable each time at the conclusion of the session. I accept cash, personal checks and debit/credit cards for payment. Sessions are 50 minutes in duration. Due to the fact that I have a limited amount of patients I can see each week, I require a 24 hours cancellation notice. This allows me the chance to offer the session to a patient on a waiting list. If I do not receive such advance notice, you will be responsible for paying a \$45 missed session fee.

### **Billing/ Insurance Reimbursement**

If I am a preferred provider with your insurance company I will file claims on your behalf. However, **please remember that ultimately you are responsible and not your insurance company for paying the fees agreed upon.**

In order for your health insurance company to reimburse services, they require a diagnosis of your mental health condition to determine if treatment is a 'medical necessity.' It is important for you to be aware that the diagnosis will become part of your permanent medical records.

### **Complaint Procedures**

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. I rely on your feedback to help determine the therapeutic plan.

If for some reason your treatment proves to fall beyond my professional scope of training, or I feel that I can no longer provide counseling services based on ethical reasons, I will be happy to provide you with an appropriate professional recommendation.

If you feel that you have been treated unfairly or unethically in the counseling relationship, and cannot resolve this problem with me directly, you can contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 21005, Raleigh, NC 27619, (919) 787-1980, for clarification of client's rights or to lodge a complaint.

If you have any questions, feel free to ask. Please sign and date this form indicating that you have read and understood this information.

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Patient's Signature & Date

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Counselor's Signature & Date