

LPCA Professional Disclosure Statement

Sheryl Anne Clark

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I earned my Master of Arts in Mental Health Counseling and Counselor Education in 2015 at North Carolina Central University. I earned a Bachelor's of Arts degree in Psychology and Art Therapy at Meredith College and an Associate Degree from The Art Institute of Atlanta. I offered mentorship to adolescents who were living in homes affected by substance use disorders for eleven years. As a part of my clinical training, I completed a practicum at North Carolina Central University's Office of Student Disability Services and an internship at the North Carolina State University Veterinary Health Complex and Teaching Hospital. These experiences, combined with many years working in hospitals and other medical facilities have reinforced my belief in the power of helpful support and the mutual respect found in the counseling relationship.

It am licensed as a Professional Counselor Associate and Licensed Clinical Addiction Specialist in North Carolina. I am working under the supervision of Licensed Professional Counselor Supervisor Jocelyn King-DeLay (LPCS #S3381)

I have experience counseling college students who have a disability or chronic illness that had difficulty coping with the stressors of their academic challenges and self-esteem. During this time, I also developed and facilitated groups designed to help students refine their social skills, taught aids to study habits, and self-advocacy. I also have experience with vulnerable individuals, groups, and families who were in crisis and confronted with end of life decisions. They were often grieving the loss of a significant animal companion. This loss is often under recognized as significant. My counseling experience also includes work with individuals and families who have used substances and are addicted. This work included at risk youth populations, and families who have loved ones who are chemically dependent.

I believe therapy is an active and shared effort, which is successful when the client's hard work and courage, coupled with my skills and experience in a counseling partnership, enables the client to makes changes that add to their quality of life. Therapy may include how past events have shaped present circumstances, but I believe the manner in which the past, and what was learned, when applied to current circumstance, is most relevant to being helpful. I use a number of counseling theories to help my client through the counseling process, I believe most permanent changes occur cognitively and through behavioral practice. I am trained and utilize several methods and techniques during the counseling process. I have found that often the best way to gather information from the client through a narrative format. The implementation of interventions may take another set of skills, such as cognitive restructuring or behavioral rehearsal. I have experience in using cognitive-behavioral constructs such as DBT and REBT. I often use brief solution focused therapy as a way to build on the use of a client's natural strengths to solve their problems. I provide both long and short term therapy as well as group interventions.

The initial session will take a longer period of time (approximately one hour and a half) and will cost \$140.00. This extra time is used for setting therapeutic goals and benchmarks for progress in therapy. My fee is \$90.00 per therapeutic hour (50 minutes). Ten minutes of my time is allotted to writing notes about the session. Payment is due at the beginning of the session. I am equipped to take payments in the form of cash and credit cards. I do

not take personal checks. If we determine that additional psychological testing is required, I will determine if I am competent to administer the test(s) or if I must make a referral to another professional to administer them. Any fees that may be incurred associated with the testing are between you and the professional to whom you are referred. If there is a charge associated with my testing, I will make you aware and you must agree on this charge separately from the normal charge for a therapy session.

If you wish to file your insurance, I am considered an out of network provider. Insurance plans determine their own policies for their reimbursement. Filing insurance mandates that I assign a diagnosis and many insurers insist on access to written records and treatment plans. I can no longer be held to the same standard of confidentiality, and the information could become part of your permanent insurance record. In addition, most will require 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 the need arise for a diagnosis, we will collaborate on this assignment.

All of our communication becomes part of the clinical record, which is accessible to you upon request. Every effort will be made to maintain confidentiality and to guard the contents of our work together. 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. Emails and voicemails are not confidential forms of communication. Therefore, I will only respond by giving information that does not breach the HIPPA standards set forth by federal guidelines.

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 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

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

Client: _____ Date: _____

Counselor: _____ Date: _____

