Professional Disclosure Statement

Anda Ben Senior, MS

10 Hickok Street Suite 201

Christiansburg, VA 24073

(540) 391-0579

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**My Qualifications and Background**

I have a Masters degree in Mental Health Counseling and currently work under the supervision of Rae Burgess, LPC, LCMHC at Counseling Connect, PLLC. I use a Cognitive Behavior approach to treatment, but I will always strive to tailor my interventions according to my client’s needs. I utilize different assessments to establish a diagnosis and a treatment plan that will be discussed and agreed by both of us. There may be an additional cost for professional assessments. We will work together to accomplish the therapy goals you want to achieve.

Psychotherapy requires your initiative and active involvement. I may ask you to practice skills or techniques outside of our meetings. I encourage my clients to complete homework assignments, such as keeping journals or reading materials. Please be aware that I do not hold the answers to your issues, nor do I have a quick fix to solve your problems. My role is to help you find answers within yourself, and to facilitate growth and change in areas of your life that you wish to improve.

I practice from a multicultural perspective, and I will not impose my values or beliefs upon yours. I am not affiliated with any religion, but I respect all of them.

**Session Fees and Length of Service**

The length of individual sessions is 50 minutes. Clients must self-pay for services. It is possible that you may be able to file out-of-network claims with their insurance company, but you will need to confirm this with your insurance carrier. Counseling Connect, PLLC is not responsible for checking benefits and cannot guarantee coverage.

The fee for self-pay services is $125 per clinical hour. There is a standard $125 charge for no-shows and late cancellations (less than 24 hours notice). Accepted methods of payment include debit and credit card.

If treatment is not going well and I believe that you are not making any progress, I may suggest you see another therapist or another professional in addition to me. Your time and money are valuable and I will not continue to treat you if I sense my treatment is not working for you. If you wish to stop seeing me at any time, you are free to do so.

**Appointments and Cancellations**

Appointments can be made Monday through Friday by calling my direct line or the office phone number between 9 am and 5 pm. Appointments can also be requested online at [www.counseling-connect.com](http://www.counseling-connect.com) or through my direct email. Please call or email to cancel or reschedule your session 24 hours ahead of time, or you will be charged for the missed appointment. Clients who repeatedly miss appointments will be discharged from services. I reserve the right to cancel your appointment if you are 15 minutes late or show up intoxicated.

**Professional Boundaries and Confidentiality**

The required relationship between a client and their therapist is always a professional and therapeutic relationship. I cannot have other roles in your life. Any other relationship such as a business or personal relationship (including on social media) may prevent or undermine the effectiveness of treatment. I cannot have a sexual or romantic relationship with any client during or after the course of therapy. Bartering and trading services are not accepted.

Discussions between the therapist and client are confidential. My notes about the session, audio or video recordings during the session will be kept confidential and secure at all times. I will protect your confidentiality and not share 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, (c) you share information about child or elder abuse, or (d) I am ordered by a court to disclose information.

If you have any questions about confidentiality, please bring them to my attention now and at any point throughout therapy.

**Complaints**

If you are not satisfied with an area of our work, please address this concern with me at once. I will do my best to resolve your complaint. If you believe I have treated you unfairly, please let me know. Although clients are encouraged to discuss any concerns with me, if you have concerns, you may contact my supervisor, Rae Burgess, LPC, LCMHC at 540-315-1445 or [rae@counseling-connect.com](mailto:rae@counseling-connect.com).

You have the right to 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>).

Virginia Department of Health Professions

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233

Phone: (804) 367-4610 (Main Line)  
Email: [coun@dhp.virginia.gov](mailto:coun@dhp.virginia.gov)

Fax: (804) 767-6225

**Acceptance of Terms**

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

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_