Professional Disclosure Statement

Arielle Emmett, Resident in Counseling

2200 Kraft Drive Suite 1050 #1011

Blacksburg, VA 24060

(540) 315-1094

arielle@counseling-connect.com

**My Qualifications**

I am a Licensed Resident in Counseling in Virginia. (License #0704014304) I earned my Master of Science degree in Counseling and Human Development from Radford University in 2021. My undergraduate degree is in English and Communication from Piedmont College in Athens, Georgia. I have completed trainings in Play Therapy, Sand-tray Therapy, Brief Solution Focused Therapy and Psychological First Aid.

**Counseling Background**

I have experience providing community-based individual and group therapy for children and adults, and I have experience working with both women and children with serious mental illness (SMI). I have worked with individuals with dual diagnoses, as well as depression, anxiety, PTSD, Bipolar Disorder, OCD, and various substance use disorders.

I currently work independently in private practice and in a community agency, providing therapy both in person and via telehealth. I perform diagnostic evaluations and maintain chart documentation, including progress notes and treatment plans. I use a variety of interventions and evidence-based practices, depending on client needs. I approach clinical work from a Rogerian, Person-Centered background and utilize Solution Focused Therapy, Motivational Interviewing, Play Therapy, Sand-tray Therapy, Attachment Theory, and Cognitive Therapy.

**Session Fees and Length of Service**

The length of individual sessions is 50 minutes. Clients may self-pay or file out-of-network claims with their insurance company. 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.

**Confidentiality**

Confidentiality belongs to you (the client), meaning that all of your private information is yours and I am responsible for keeping it safe for you. All of our communication becomes part of the clinical record, which you may access upon request. 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.

**Court-related Issues**

Expert witness or testimonial services will not be provided and are not a part of therapeutic services.

**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>).

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: \_\_\_\_\_\_\_\_\_\_\_