Professional Disclosure Statement

Amanda Pentiah, M.A.

10 Hickok Street Suite 201

Christiansburg, VA 24073

(540) 315-7404

amanda@counseling-connect.com

**My Qualifications**

In 2019, I received a Master of Arts degree in Counseling with a concentration in Couples and Family therapy from East Tennessee State University (ETSU). I am currently enrolled in a Counseling Psychology doctoral program at Radford University and have completed most of my degree requirements with the exception of my dissertation and professional internship. My undergraduate degree is in Psychology from ETSU. As part of my graduate training, I have received training and counseling experience in a number of clinical settings. I am currently providing counseling services under the supervision of Rae Burgess, a Licensed Professional Counselor (LPC # 0701010180).

**Counseling Background**

Over the past five years of my clinical training, I have gained experience working with clients with a range of clinical concerns and diverse cultural factors. I have experience working in integrative care, couple and marriage therapy, outpatient substance use disorder treatment, telehealth, and college counseling.

I now work in private practice under the supervision of Rae Burgess, LPC. I provide therapy and telehealth services. I perform diagnostic evaluations and maintain chart documentation, including progress notes and treatment plans. I work with couples and individual adult clients with various clinical issues and relationship goals. My theoretical orientation is Emotion Focused Therapy. I integrate evidence-based interventions and client cultural factors to provide a tailored approach to counseling.

**Session Fees and Length of Service**

The length of individual sessions is 50 minutes. Clients are expected to self-pay. The fee for self-pay services is $125 per clinical hour. I also offer a sliding scale on a limited basis. 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.

**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 AAMFT code of ethics ( <https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx> ).

To obtain a complaint packet, you can send an email to ethics@aamft.org or contact AAMFT by phone at 703-838-9808.

You may also contact my supervisor, Rae Burgess, with any concerns:

(540) 315-1445

rae@counseling-connect.com

**Acceptance of Terms**

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

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

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