**Professional Disclosure Statement**

Elle Ryan, RBT

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**My Qualifications**

I am a second year graduate student, studying for my masters in Clinical Mental Health Counseling at Emory & Henry College. My highest level of education I have earned is a Bachelor of Science in Psychology from Emory & Henry College, which I completed in 2020. I have a year of experience in providing behavioral health therapy and teaching coping skills to children as a Registered Behavior Technician. I currently work under the supervision of Rae Burgess, LPC (license # 0701010180) and my college supervisor, Jessica Burkholder, PhD, LPC, NCC, ACS, CTRP.

**Counseling Background**

I have nearly two years of experience in community mental health and have provided services for a range of client issues such as anxiety, sexual violence, personality disorders, neurodivergent disorders and substance abuse recovery in children, adolescents, and adults. I also have several of years experience advocating for women’s empowerment, mental health awareness and marginalized populations such as the LGBTQ+ community with Girl Scouts, Beta Club and other academic organizations. I specialize in helping clients who identify as LGBTQ+, survivors of sexual violence, and people with anxiety, neurodivergence, and personality disorders. My theoretical orientation is grounded in Person-Centered Therapy and Dialectical Behavior Therapy and I implement interventions based upon the client’s needs and goals.

**Session Fees and Length of Service**

The length of individual therapy sessions is 50 minutes. Clients must self-pay for services. I work on a sliding scale and most clients pay between $30-80 per session. However, there is a standard $125 charge for no-shows and late cancellations (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.

**Acceptance of Terms**

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

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

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