Professional Disclosure Statement

Rachel Burgess, LPC, LCMHC

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**Qualifications**

I am a Licensed Professional Counselor (LPC # 0701010180) in Virginia and Licensed Clinical Mental Health Counselor (LCMHC # 11451) in North Carolina. I am also a Board Approved Supervisor in Virginia. The highest degree I have earned is a Master of Science in Clinical Mental Health Counseling at Walden University, which I completed in 2015. I also hold a Master of Arts in Marriage and Family Therapy, which I completed in 2009 at Argosy University. My undergraduate degree is in Psychology from Juniata College in Huntingdon, PA. I have over 10 years of post-graduate counseling experience and four years of human services experience.

**Counseling Background**

I work independently and own a private practice. I provide in-person therapy and telehealth services, including assessments, diagnostic evaluations, treatment plans, and progress notes. I work with individual adult clients that have mental health and/or substance abuse issues. Occasionally, I work with adolescents and couples. My theoretical orientation is derived from Adlerian Therapy. I draw heavily from Person-Centered Therapy, Attachment-Based Therapy, Family Systems Therapy, and Cognitive Therapy. I am trained in Motivational Interviewing, Dialectical Behavioral Therapy, and Acceptance and Commitment Therapy techniques and I use a variety of interventions and evidence-based practices, depending on client needs.

I have several years of experience in community mental health and have served a wide range of populations and client issues. I have experience in community-based individual and family therapy for children and adolescents, adult outpatient psychotherapy, and crisis stabilization for clients with serious mental illness (SMI) and dual diagnoses. I have expertise in the treatment of dual diagnosis, particularly trauma and substance use disorders, as well as depression, anxiety, and relationship/attachment issues.

**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 $150 per clinical hour. There is a $125 charge for no-shows and late cancellations (less than 24 hours notice). Accepted methods of payment include debit and credit card.

**Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that 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 a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

**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 ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health 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](mailto:Complaints@ncblpc.org)

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