

## Professional Disclosure Statement

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RESILIENT JOURNEYS, PLLC  
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This document provides you with information regarding my background, the therapy that I offer, and the boundaries for my services.

### Training and Credentials

I received a Master of Social Work degree from the University of South Carolina in May, 2005. I am licensed since 2007 as clinical social worker in the State of North Carolina (LCSW License #C005794) and I am also licensed since 2011 as a clinical addictions specialist (LCAS License #1752). I am a 500-hr. registered yoga therapist (RYT500) as of September 15, 2019. My mental health, addictions, and yoga training have provided me with a foundation for therapy for adults with mental health and/or substance use issues and chronic pain challenges.

### Services Offered

I started my own therapy practice, Resilient Journeys, in April 2012. My primary focus is with EMDR to process and heal from unprocessed trauma. In March of 2020, I completed a 40-hr. training for EMDR (eye movement, desensitization, & reprocessing) to further my somatic interventions for healing from trauma.

As of 04-14-24, I am trained in the use of image based projective techniques with Tarot to help you access & activate your internal resources & intuition when you may be blocked. I am currently exploring Sound Healing Certification and Integrative Hypnosis for techniques to reduce stress, anxiety, & sleep better.

For cognitive behavioral therapy, I offers DBT for skills work to help with mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness.

*I encourage in between session work and/or a connection to community groups to help meet your goals more effectively.*

### My specialty areas include therapy for:

- Depression
- Anxiety
- Processing Trauma
- Communication skills, including Imago techniques
- Navigating Life Transitions
- Substance Use and Addictions through Grief work
- Managing anger
- Managing Chronic Pain
- LGBTQ friendly

### Confidentiality

Information shared with me during therapy will be regarded with respect and held in confidence. I will keep records of our sessions to specify the goal/problem of your session, my intervention, and evaluation

of your response. You may review these records and request copies of your records to be coordinated within a five-business day response period. Charges for copying will be equivalent to 25 cents per page.

Consent for release of information will indicate your authorization for shared information to those that you specify. There are three situations in which confidentiality must be broken: 1) if I believe a person has intention to harm himself or herself or another person; 2) if I have reason to suspect child or elder abuse, and/or 3) by court order. At times, I may discuss issues pertaining to a client with another counseling professional for supervision and/or consultation. I will not use your name or any other identifying information.

### **Payment**

*My fee is \$150.00 per 45-52-minute individual session or \$160.00 for a 53-60-minute individual session, which is payable by exact cash, credit card, or personal check at the beginning of each session to: Resilient Journeys, PLLC. 45-60-minute group sessions are \$70.*

*I will need you to provide me up to date information for any insurance and co-payments for your treatment. Otherwise, you will be responsible for any costs not covered by your insurance.*

Prior arrangements for payment for any court testimony must be pre-arranged. Otherwise, my fee for reviewing and preparing a narrative summary of your record and/or a court response will be equivalent to \$160 per 60 minutes.

### **Attendance**

*If a session is missed for any reason without a 24-hour notice, a late cancellation/No show fee of \$75 will be charged for an individual session and \$20 for a missed group session (unless you have Medicaid.) If I need to cancel your appointment, every effort will be made to reschedule in a timely manner if possible. To be considered active in treatment you will be expected to attend a *minimum of once-a-month individual therapy and 3 group therapy sessions per month* (if this is part of your treatment plan).*

*Excessive cancellations or absence from treatment may warrant a termination of your services. I can only reschedule one missed appointment per month. If you miss an appointment, I will attempt two phone calls. If there is no response, I will send a 10-day letter that will guide you to contact me by a certain date or your file will be closed. You may request your file to be re-opened if issues that led to your file being closed can be remedied, if my services can meet your treatment needs, and if there is room for in my caseload.*

I can only offer twice weekly appointments only to help resolve a crisis. The level of my services is on a Basic Behavioral level (not Intensive Outpatient, ACT team, or CST team). If your needs surpass Basic level, I will be happy to help get you connected to a higher level of treatment. I work mostly with clients with EMDR, yoga therapy for a mind and body approach, Tarot to tap into your insight to your solutions, or DBT/CBT. This is to offer a more comprehensive approach to meet your needs. You will be able to select what is the best fit for you. I encourage in between session work and/or a connection to community groups to help meet your goals more effectively.

If you want to include anyone in your sessions, this needs to be discussed and agree upon beforehand to see if your insurance covers a session with collateral participants and if it would be therapeutically beneficial to your treatment. Please note that if you see me individually, I will not be able to provide couple's counseling to you, or if you are receiving couple's counseling, I cannot see any party individually, and would need to refer you for that service to another provider. If you bring your child to your sessions, they will need to be at least 12 years old and well behaved enough to be able to wait for you in the lobby during your session. It is not recommended for a child to be in the same room with you during your private session as this distracts from the process, so please make child care arrangements as needed.

### **Messages/Correspondence**

Unless otherwise indicated, I will utilize the phone number or e-mail that you have provided to leave messages. It is your responsibility to check your voice mails when I leave you a reminder message for your next appointment, or any other information that is necessary. Please make sure your phone line is

active, and your voice mail is not full, so that this may be accomplished. I will also utilize your address to mail any correspondence or billing. If there are alternative considerations for the above, this must be communicated to me at minimally verbally and followed up in writing within 48 hours. I cannot communicate by text or provide therapy by e-mail with clients. This means that I do not provide in between sessions consults by text or e-mail. This type of communication is not confidential, reliable, nor billable. If you are in *crisis, you are encouraged to call me* for support. If it is *not a crisis phone call or message*, please make these calls *only during business hours of M-Th, 9 AM-5 PM*. A return phone call (that is not crisis oriented) will be limited to *15 minutes*. If the situation warrants more support, I will offer you the earliest appointment time that is available.

### **Emergencies**

If you have an urgent situation, which you feel needs immediate support and I am not available by phone, please contact your local 911 system or go to the nearest emergency room. The Mobile Crisis Unit is available to clients-1-888-573-1006. If you are a Medicaid client in crisis (& I have not returned your call in 2 hrs., you may call Katherine Therrell, LPC at 828-651-0111.

If I become concerned about your welfare, I will attempt to call you. If there is no response, I will proceed to call your emergency contact that you have previously authorized. It may become necessary for me to ask the sheriff to make a well and safety check at your location to assure your safety. By signing below, you are consenting for Resilient Journeys, PLLC to seek emergency medical care from a physician, first responder, or a hospital in case of a medical emergency.

### **Professional Relationship Standards**

Ethically, I am professionally unable to form a friendship or any other type of relationship with you outside of the therapy process. I am unable to personally accept gifts. These guidelines respect the boundaries of our work together in order to avoid any dual roles that could be considered possibly exploitive. These guidelines will also continue once your therapy is completed.

### **Complaints/Grievances**

If you have concerns regarding my services, I encourage you to share them with me so that we might address them. You have the right to register a complaint by contacting:

North Carolina Social Work Licensure and Certification Board  
POB 1043  
Asheboro, NC 27204  
1-800-550-7009

North Carolina Substance Abuse Professional Practice Board  
POB 10126  
Raleigh, NC 27605  
Ph: 919-832-0975

### **Consent for Yoga Participation**

I am voluntarily participating in the interventions of Maria S. White which may include yoga. I am aware that I need to discuss with my medical providers if there are any limitations to my participation so that modifications or restrictions for safety can be employed. If I feel any pain, discomfort, dizziness, or any other concerning symptom, I will reduce my participation and inform therapist/yoga teacher for potential modifications for my needs. I understand that the purpose of mindful breath and movement is for emotional regulation and healing. I am aware of any risks or hazards from physical exertion. I affirm that I am physically fit and have no medical condition that would prevent my full participation in yoga interventions.

I agree to assume full responsibility for any risks, injuries, or damages (physical or psychological, known or unknown, which I might incur as a result of participating in yoga and any other therapeutic interventions that Maria S. White is licensed to offer. I voluntarily and exhaustively waive any claim I may have against Maria S. White, Resilient Journeys, PLLC, her successors for any injury or damages, physical or psychological that I may sustain as a result of participating in any and all interventions including, but not

limited to claims for negligence, gross negligence, and errors or omissions in the provision of therapeutic services, which may include yoga.

**Consent for Treatment**

By signing below, you are indicating that you have read this disclosure, that your questions have been answered, and that you understand the above information. Your signature also indicates that you are consenting to receive therapy services and/or yoga instruction that you are authorizing the release of medical or other information necessary to process your billing claim. Signing today shows your request for payment benefits to be forwarded to Resilient Journeys, PLLC.

If your therapy needs indicate a higher level of need than what I am able to address, we will work together for an appropriate referral for transfer of services.

\_\_\_\_\_  
Client's Signature or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature  
María S. White, LCSW, LCAS, RYT500  
RESILIENT JOURNEYS, PLLC

\_\_\_\_\_  
Date

Addendum for Medicaid Clients Only

Please be aware that the bathroom at Resilient Journeys is not wheelchair accessible. The Henderson County Library Main Branch has graciously offered their wheel chair accessible bathroom any disabled client that has this need. Please initial here if you are a Medicaid client and agree with this arrangement\_\_\_\_\_. If you are not in agreement, please initial receipt of the following alternative Medicaid providers that have wheel chair accessible bathrooms.\_\_\_\_\_

- Family Preservation Services  
1430 Asheville Hwy. Hendersonville, NC 28791  
828-697-4187
- Betty P Kjera, PhD, LPC  
1365 7th Avenue E.  
Hendersonville, North Carolina 28792  
[\(828\) 564-1067](tel:8285641067)
- James T. Anderson, MSW, LCSW  
Mountain Counseling Associates, LLC  
110 Williams Street  
Hendersonville, North Carolina 28792  
[\(828\) 693-7300](tel:8286937300)
- Lois Bernard, LCSW  
34 Maxwell Street  
Asheville, North Carolina 28801  
[\(828\) 475-1554](tel:8284751554)

**Client Rights**

In accordance with 10A NCAC 27D .0303 (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility. G S § 122C-57. Right to treatment and consent to treatment. (d) Each voluntarily admitted client or the client's legally responsible person (including a health care agent named pursuant to a valid health care power of attorney) has the right to consent to or refuse any treatment offered by the facility. Consent may be withdrawn at any time by the person who gave the consent. If treatment is refused, the qualified professional shall determine whether treatment in some other modality is possible. If all appropriate treatment modalities are refused, the voluntarily admitted client may be discharged. In an emergency, a voluntarily admitted client may be administered treatment or medication, other than those specified in subsection (f) of this section, despite the refusal of the client or the client's legally responsible person, even if the client's refusal is expressed in a valid advance instruction for mental health treatment. The Commission may adopt rules to provide a procedure to be followed when a voluntarily admitted client refuses treatment.

Associated Organization: Formerly Governor's Advocacy Council for Persons with Disabilities (GACPD)

2626 Glenwood Avenue Suite 550  
Raleigh, NC 27608

(919) 856-2195 Toll Free Voice (877) 235-4210, TTY 888-268-5535 Fax: (877) 235-4210

**Email:** [info@disabilityrightsn.org](mailto:info@disabilityrightsn.org)

**Internet Location:** <http://www.disabilityrightsn.org/>

I, \_\_\_\_\_ provide my consent for Resilient Journeys, PLLC to seek emergency medical care from a physician, first responder, or a hospital in case of a medical emergency.

\_\_\_\_\_  
Client's Signature or Authorized Representative

\_\_\_\_\_  
Date