

Garry Kiker MS, LCMHC
Registration Information-North Carolina
(Please Print)

Date: ___/___/___

Name: _____

Date of Birth: ___/___/___ Age: _____ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ - _____ - _____ Email: _____

School or Employer: _____ Grade or Occupation: _____

Marital Status: Single / Engaged / Married / Separated / Divorced / Widowed

Spouse's Name: _____

Date of Birth: ___/___/___ Age: _____

Cell Phone #: _____ - _____ - _____ Email: _____

Parent, Guardian, or Responsible Person (if minor): _____

Relationship to Client: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ - _____ - _____ Email: _____

Whom may I thank for referring you? _____

In the event of an emergency, whom should I contact?

Name: _____ Relationship: _____

Cell Phone #: _____ - _____ - _____ Email: _____

LCMHC Professional Disclosure Statement
Arthur Garry Kiker, MS, LCMHC
Office: 919-523-5337
E-mail: CCCNC310@gmail.com

Qualifications

Garry Kiker has been a Licensed Professional Counselor (#10471) in Texas since March 1991. He earned a Master of Science degree in Educational Psychology from Texas A&M University, College Station in June 1987. In October 2022, he was licensed in North Carolina as a Licensed Clinical Mental Health Counselor (#18189). He has 35 years of experience in both inpatient (10 years) and outpatient (33 years) settings.

Counseling Background

Garry most often **works with married couples**. He is *passionate* about helping couples heal and has had extensive training in Emotionally Focused and Cognitive Behavioral therapies. Many **men fear being blamed for the problems** if they go to counseling. Garry's **goal is not to assign blame** but to understand what happens when a couple's attempts to get their needs met in the relationship fail. **He sees the relationship as the client**. The outcome of therapy is that couples overcome their self-defeating cycles of communication and enter into **conversations which support healing and connection**. He addresses specific family issues such as **parenting, financial budgeting, and complications with extended families**. In addition, he has extensive experience working with teenagers and adults who are struggling with issues of **anger, anxiety, and depression**. His focus is on processes of healing through **forgiveness and grieving loss**.

Our Relationship

Even though I will have a close relationship with you, it is a professional relationship. I ask that you not bring gifts during holidays or for special occasions. Your decision to retain my services is a sufficient expression of appreciation for my work. It is a state law that sexual contact between a client and a therapist is prohibited.

Office Relationships

I am an independent practitioner. No other therapist or group practice is providing supervision for me or is in any way responsible for the therapeutic decisions that I make. I am solely responsible for my professional relationship with you.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure about many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...) neither you nor your attorneys, nor anyone else acting on your behalf will call Garry Kiker to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. **Initials:** _____

Calls Between Sessions or Emergencies

I am generally available for contact by phone. If you call and get my voice mail, leave a message and I will try to return your call. My goal is to return calls within 24 hours or on the next business day for noon Friday-Sunday calls. **Please only use text messaging to communicate regarding information needed or scheduling issues**. If you need immediate assistance for an emergency, call 911 or seek help at the appropriate emergency facility.

Session Fees and Length of Service

Fees: Garry charges \$150 for the initial session of 50 minutes, \$210 if the initial session is 80 minutes, \$135 for subsequent 50-minute sessions, and \$200 for subsequent 80 minute sessions. 80-minute sessions are scheduled if available and additional time deemed of potential therapeutic benefit. Sessions are mostly scheduled on a weekly basis. When sufficient progress is attained, sessions may be spaced to every other week or monthly. **Sessions not cancelled by 12:00 noon the day before the appointment except in the case of illness or personal emergency will be charged \$100.**

Payment: Full payment is due at the time of service. Payment can be in the form of cash, check, credit card, or Venmo. I will provide documentation for you to file with your insurance company if you desire to do so. You may receive billing statements for any balances on your account.

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, Garry 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

Your communication will be kept confidential except in the following situations:

1. You grant permission in writing for consultation with someone else (i.e., your physician) about your evaluation and treatment.
2. You desire to bill insurance in which case insurance companies may require certain information before they will pay either the therapist or the insured. This information usually includes but is not limited to diagnosis, prognosis, and an estimate of the amount of time expected for treatment.
3. State law requires me to report known or suspected cases of child or elder abuse, including sexual abuse, to the North Carolina Authorities.
4. You express intent to harm yourself or someone else in which case it may be necessary to involve other persons to prevent such harm.
5. Your file is subpoenaed by the court in a case where it is subject to subpoena.
6. You file a suit or ethical complaint against me for breach of duty.
7. State law requires me to report cases of illegal actions perpetrated by other therapists against clients under their care.

Note: For adolescents, the same is true with the additional exception of involvement in illegal activities. In other situations, I will encourage and facilitate the disclosure of issues to parents. In some cases, we will work toward a specific date of disclosure after which I may disclose the information to parents.

Process of Therapy

For those clients consenting to receive counseling or psychotherapy services, it is important to understand that therapy often results in the client experiencing uncomfortable feelings or thoughts. This experience may affect the client’s relationships with others, such as family members. If you have any concerns regarding the process of therapy, billing procedures, etc., please let me know and I will be glad to discuss them with you.

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@ncblcmhc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____

