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## **PROFESSIONAL DISCLOSURE AND INFORMED CONSENT**

This professional disclosure statement is designed to inform you of my professional credentials and my counseling approach when working with clients. This document also contains information about fees for service and confidentiality.

### Qualifications:

I earned a Master's Degree in Counseling from the University of North Carolina at Charlotte in May of 2002. I am a Licensed Professional Counselor, #4439, and National Certified Counselor, #75768 in the state of North Carolina. I have been providing group, individual, and couples counseling services since 1996 in a variety of settings.

### Counseling Background:

My experience and training in the counseling field has been working with men, women, and adolescents primarily in the areas of anxiety, depression, substance abuse, women's issues, self esteem, life transitions, adjustment disorders, bipolar disorders, career related issues, parenting and family concerns as well as relational issues within families and work environments. Although my counseling style is eclectic, I tend to use a person-centered approach in conjunction with a cognitive behavioral therapy. Techniques include, but are not limited to, dialogue, reframing thoughts, communication techniques, relaxation, and keeping a journal and/or mood chart. Within the first couple of sessions we will work together to identify your therapeutic goals. These goals are flexible and may be modified throughout the counseling process. Please know that the risks associated with counseling may involve vulnerability and uncomfortable feelings that can be difficult to experience.

### Session Fees/Length of Service/Use of Diagnosis:

My counseling session fee is \$110.00 per fifty-five minute session and sessions are scheduled by appointment only. There is a \$75 fee for all missed appointments and/or appointments not canceled with 24 business hours notice. Payment is due at the time services are rendered and cash, credit card or personal checks are acceptable methods of payment. If you are using health insurance to pay for your counseling sessions you are responsible for paying the co-pay at the time services are rendered. You are also responsible for arranging any necessary pre-authorizations required by your insurance agency. Claims will be filed for in-network benefits; however, filing out of network benefits will be your responsibility. Please note that some health insurance agencies will reimburse for counseling services and some will not. In order to be reimbursed for services rendered, most health insurance companies will require me to make a diagnosis of a mental-health condition before reimbursement can be made, however 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 it to the health insurance company. Any diagnosis made will become a permanent part of your clinical record. It is important to note that the diagnosis is a description of the symptoms or problems you are experiencing and not a description of you as a person.

Confidentiality:

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions:

- It is determined you are a danger to yourself or others (including child or elder abuse). If you inform me that you intend to inflict harm upon yourself or others or I deem you are a danger to yourself or others, I am required by law to take actions necessary to prevent harm to any involved party. This includes the obligation to warn any person who may be placed in imminent danger by your actions.
- By law I am required to report suspected or actual Child and/or Elderly abuse to the Department of Social Services.
- You direct me in writing to disclose information to someone else.
- If mandated by the court of law. If you are involved in any court or legal proceedings, I may be subpoenaed to testify regardless of your consent. If required to appear in court, there will be hourly consultation fees billed.
- I disclose a DSM-5 diagnosis to your Health Insurance Company and only pertinent treatment information IF requested by your health insurance company for reimbursement reasons.
- Third Party disclosure. I consult with an accountant to ensure that invoicing and insurance filing is accurate. Information pertaining to billing and accounting is protected under HIPPA.

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

North Carolina Board of Licensed Professional 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)

Consent for Treatment:

By signing this agreement you acknowledge:

- I have received and read the above in its entirety.
- I understand no promises have been made to me as to the results of treatment.
- I am responsible for payment at that time of services and if payment is not made, the therapist may stop treatment until payment is made.
- I understand that if I do not give 24 hours cancellation notice that I will be charged for the missed appointment.
- I understand the policy regarding confidentiality and its limitations.
- I am aware that information about my treatment may be shared with my insurance agency or other third party payer and I authorize the release of any medical or other information necessary to process my claim.

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

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