

ASHEVILLE CHRISTIAN COUNSELING

Dr. Will Cunningham, CTC, LCPC, BCPC

PROFESSIONAL DISCLOSURE STATEMENT

We are pleased to have the opportunity to serve you. This disclosure statement provides information about our background and the nature of our professional relationship. We will discuss any questions about this information or other preliminary matters at the beginning of our work.

Qualifications. William has earned his MBA with Montreat College, focusing his capstone project on establishing a Christian Counseling Center, using Temperament Assessment Profiling as an alternative method, also known as TAP. He is a commissioned pastor with Calvary Chapel (serving 12 years in ministry in Honolulu) and has been providing Biblical Counseling since 1992. He has additionally served as a Business Development director, Bible teacher and counselor for those going through addictive behavioral issues in Asheville's downtown Rescue Mission. He is a certified counselor with Sarasota Academy of Christian Counseling and a Licensed Clinical Pastoral Counselor member with the National Christian Counseling Association. He is also a professional member and board certified with the American Christian Counseling Association. He has done his doctorate (DBA) with Trident University. His greatest desire is to see his clients understand why they are created and live it out.

Clients Served. William provides faith-based therapy with individuals, families and groups dealing with a wide range of therapeutic psycho-social issues. He works with men, women, adolescents, and children.

Specialty Areas. He specializes in applying faith components in the area of women & men issues and disorders, dependencies, addiction problems and depression/anxiety concerns. Premarital and marriage counseling as well as professional goal setting and executive chaplaincy.

The Counseling Relationship. What to Expect from Therapy? A counseling relationship between a counselor and client is a professional relationship in which the counselor assists the client in resolving difficult life and Spiritual issues. He hopes to assist in empowering you to develop your own understanding and solutions to your unique issues and have a strong understanding of how God created you, with a life to be lived out with a greater purpose.

His approach is holistic in nature, taking into consideration physical health, medications, emotional strength, family relations and spiritual life. He works from a solutions-based brief therapy framework where we set goals together, work on exercises to broaden understanding, and complete homework to accomplish change. The hope is to provide a safe, accepting environment that will encourage personal growth. If counseling is successful, you should feel you are able to face life's challenges in the future without my support.

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Certified Pastor Member (SACC # 17096) ~ Professional Clinical Member (NCCA # 19170)

He is not trained to treat medical issues and is not trained to treat all psychological issues. There may be occasions where we will need to refer you to other medical, psychological or psychiatric professionals in order to assist you best. We will talk together about this in the process of our work together if referring becomes a necessity. You have the right to end our counseling relationship at any time, for any reason, without needing to explain, and without financial obligations other than those already accrued. Termination is most often a mutual decision based upon the welfare of the client.

In addition, as part of our role as therapist, trainer we may have other professionals participate in the counseling sessions. We need your permission to allow these professionals to co-facilitate and/or observe your counseling, and to discuss your case during supervision. These professionals are bound by state laws and by professional rules about clients' privacy.

Potential Counseling Risks. Recognizing that therapy addresses difficult issues, you must commit to the possibly painful process of change. This change should be beneficial to you and your family; however, there are some risks. As a result of counseling, you may realize that you have additional issues that may not have surfaced prior to the onset of the counseling relationship. Some of the issues we deal with may evoke uncomfortable emotions like sadness, guilt, anxiety, anger or frustration. In addition, some of our work may lead to what seems to be worsening of circumstances or even losses (for example, the result of counseling cannot promise that your child academically improves, or more intense emotion may be stirred in your marriage). These feelings are normal to the counseling process but are likewise unpleasant. Sometimes individuals find that spouses or family members are not willing to change. Other risks include emergence of traumatic memories and major life decisions. We will attempt to inform you of potential risks specific to our work. Despite these risks, our goal will always be to examine the struggles in light of Christ's love and sacrifice for us.

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Client Responsibilities. Your commitment to the counseling process indicates that you agree to make a good faith effort at personal growth and to engage in the counseling process as an important priority at this time in your life. You agree to complete assignments given or discuss any reasons for resistance. Your welfare is most important in professional counseling. Due to the inherent conflict of interest on the part of the counselor who is working with a couple, an individual seeking help in resolving relationship problems with a spouse also agrees to restrain from subpoenaing this counselor for testimony in the event that court proceedings develop at a later date. Clients coming from another therapist must first terminate with that therapist. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile, and how to set up custody and visitation. That is, we will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

You are expected to keep appointments. Missing two appointments without advanced notice may lead to termination of the counseling relationship. If you are seeking therapy with me in conjunction with another ongoing professional mental health relationship, you must first consult and inform the first therapist before we can begin work with you. You must notify me before beginning therapy with any other mental health professional that might impact our therapeutic relationship.

Physical Health. In order to better serve your needs, we strongly recommend that you have a complete physical examination if you have not had one within the past year to rule out any medical complication that may be contributing to your mental health needs. Also, please provide a list of any medications that you may be taking as well as any medical conditions.

Privileged Communications and Confidentiality. All of our sessions will remain strictly and absolutely confidential except for the following circumstances in accordance with state law:

- (1) The client signs a written release of information indicating informed consent to such release.
- (2) The client expresses a clear and imminent intent to do serious harm to himself/herself or someone else;
- (3) there is evidence or reasonable suspicion of abuse/neglect against a minor child, elder person (65 or older), or disabled adult; or
- (4) a subpoena or other court order is received directing the disclosure of information.

Verbal authorization will not be sufficient except in emergency situations. When providing couple, family or group therapy, we cannot disclose any information outside the treatment context without a written authorization from each individual competent to execute a waiver. Also note that if you use third party insurers, such as health insurance policies, HMO, EAP, or PPO plans, you must sign a release of information and all information will be disclosed including diagnostic information which is part of the client's records. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to

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sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

Fees, Office Procedures, and Length of Therapy. Our counseling sessions are normally 30-50 minutes, and depending on the nature of the presenting problem, sessions are usually held every two weeks, unless we determine the need to meet more often. It is difficult to predict how many sessions will be needed. We will be better able to discuss the probable number of sessions after we have completed the first two interview/intake sessions. Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or canceled telephonically from Monday through Friday. Failure to give notice for any appointment not canceled twenty-four hours in advance may result in a charge for the time reserved for you. Information concerning fees, payment requirements, and missed appointments is included in the fee schedule sheet.

Code of Conduct. We adhere to the Code of Ethics of the American Counseling Association. As a Christian counselor, we also adhere to the Code of Ethics of the American Association of Christian Counselors (AACC) & the National Christian Counseling Association (NCCA).

Emergency Situations. Since we cannot guarantee around-the-clock availability. After hours, you may leave a voice mail message at 828-505-5079, and we will return your call as soon as possible. Therefore, if you should experience an emotional or behavioral crisis, and we cannot be reached immediately by telephone, you can contact a local medical or psychiatric hospital or call 911 or 1-800-273-TALK (8255).

Please Ask Questions. You may have questions about me, my qualifications, the therapy process, assessments, fees, or something that has not been addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time.

PROFESSIONAL SERVICES CONTRACT:

We, the undersigned, have read, discussed together, and fully understand and agree to the contents of this declaration statement. The client has this day retained William Cunningham, to provide psychotherapy and/or family therapy in a Biblical manner which is consistent from which they are trained. It is expressly understood that William Cunningham has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that William Cunningham shall be obligated to maintain a reasonable standard of care in accordance with the Code of Ethics for Certified Professional Counselors via the SACC and NCCA. The client agrees that all fees shall be due and paid at the time of session, and that

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payments in arrears over two sessions will result in ceasing therapy until the balance is made current.

Client's Signature: _____ Date: __/__/__
/____

Client's Signature: _____ Date: __/__/__
/____

Counselor's Signature: _____ Date: __/__/__
/____