

LCMHC Professional Disclosure Statement

David A. Hatmaker, D.Min.,LPMHC, NCC, ACS

Office: 704-940-0933

E-mail: drhat49@me.com

Qualifications I have a D. Min. in Counseling from Gulf Shore Seminary 1988. I hold an MA, from Southwestern Seminary 1983, and have earned 25 hours of graduate studies in counseling at Liberty University, University of South Florida and University of Central Florida. I currently hold a license in North Carolina as LCMHC a Mental Health Counselor

- I have been a Licensed Mental Health Counselor MH4484 in Florida since 1997
- I have had 35 years of professional counseling experience.
- I have been a National Board Certified Counselor, NCC since 1998
- I am certified with the Birkman Method System
- I am trained in the Soul Healing Love Methodology
- I have received training in the MentorCoach program
- I am certified in the DISC profile
- I am certified in the Prepare/Enrich method
- I am a Approved Clinical Supervisor

Counseling Background I have experience working in community mental health centers, psychiatric hospitals, churches and private counseling centers. I have experience working with individuals and married couples experiencing conflict, who experience depression, anxiety, co-dependency, anger management, self-esteem, behavioral /emotional disorders, stress, grief, addictive behaviors, OCD, social skills, abuse, adult ADHD, inner healing, spiritual formation and other emotional problems. I also provide personal and executive coaching and team-building. I also have worked with many marriage and family issues including: Communications, conflict resolution, enrichment, premarital, divorce, mediator, family systems, relationship building, and parenting.

Counseling Philosophy and Techniques As a Christian counselor I focus on the individual or couple with specific concerns, desires and goals for the counseling. Although I adhere to a Biblical world view, I respect their faith, culture and background.

Although I consider the Action-Oriented approach one of the best, techniques utilizing Cognitive Behavioral therapy, this is one of my favorite and most useful tools I have been trained in. I may use from time to time other therapeutic methodologies as needed such as Client-centered counseling, some psycho-dynamic and Adlerian, as well as Gestalt techniques.

Session Fees and Length of Service General Fee Structure is:

sessions are 50-60 minutes

fee- \$130-155.00, Payment is requested immediately after services are rendered and can be made with cash, checks or most credit cards, PayPal, Venmo, Zelle and many other payment systems.

Use of Diagnosis and Reimbursement

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, if requested by you, the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records. I do not file or bill directly to your insurance company, each client is responsible for filing their own claims. I will provide necessary receipts or forms for your reimbursement of services, upon request.

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: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) 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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Clinical Mental Health Counselors
3 Terrance Way
Greensboro, NC 27403
Phone 336574-0607

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____