

LCMHC Professional Disclosure Statement
Richard Sladich, MS, LCMHC
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My Qualifications:

I hold a Masters of Science Degree in Vocational Rehabilitation Counseling received in December 2004 from the University at Albany, State University of New York. I hold a Bachelors of Art Degree in Psychology received in May 2003, also from the University at Albany, State University of New York.

Full Licensure:

I am a **Licensed Clinical Mental Health Counselor** (LCMHC # 13307) in North Carolina.

Counseling Background:

As part of my undergraduate degree in Psychology I served as a crisis hotline counselor. For this position, I received training in suicide prevention, sexuality, rape, and separation issues. During graduate school, I completed internships at adolescent and adult residential substance abuse treatment facilities. After graduating, I worked as a vocational rehabilitation counselor for nearly seven years.

I have experience working with adolescents and adults in individual, group, and family settings. I have worked with individuals who are blind, visually impaired, and/or hearing impaired. Areas of treatment have focused on personal, behavioral, emotional, and relationship difficulties, as well as working with clients with histories of addiction, social anxiety, depression, adjustment, job stress, and unemployment issues. I have been working as a licensed counselor since July 2017.

I believe in using multiple therapeutic techniques. Some of the treatment modalities I use are Person Centered Therapy, Cognitive Behavioral Therapy (CBT), and Motivational Interviewing. I also utilize skills from Gestalt Therapy. Cognitive features of therapy would include exploring your own thought processes. Behavioral aspects could include exposure to feared stimuli or situations. Other techniques could include progressive muscle relaxation, deep breathing, meditation, visualization, and reframing. If we are addressing issues of anxiety or depression, I will regularly ask you to complete "homework" as part of the therapeutic process. This could include anything from reading to behavioral practice in the community.

Therapy is tailored to each individual's needs. I utilize a collaborative approach and together with each client, develop your individual goals and the plan to achieve those goals. As a client, you are in control of your participation and you may end our counseling relationship at any time, though I may ask that you participate in a termination session if you are discontinuing services in the midst of psychological distress. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

Counseling can have risks and benefits. Your efforts to change will often involve examining painful aspects of your life, and you may experience unpleasant feelings as we work through those issues. Nonetheless, counseling can produce significant benefits. It can lead to better relationships, healthier coping strategies, and substantial reductions in feelings of distress. However, there are no guarantees that your problems will be resolved by taking part in therapy with me.

Session Fees and Length of Service:

Sessions are 50 minutes in length and the fee for an initial session is \$160.00. Each session thereafter is \$140.00 for in person sessions, or \$110 for video or phone session. **Cancellations must be made 24 hours in advance for video sessions, but 76 hours in advance for in person sessions.** This time difference is due to the requirements of the office rental firm I use, whom will charge me the full fee if I do not cancel with them with less than 76 hours. You will be billed a \$50 fee for any appointments that are cancelled or rescheduled with less than 24 hours' notice or 76 hours' notice respectively. No shows will be billed the full hourly fee, which becomes the client's responsibility and will not be billed to your insurance company. It must be paid prior to additional psychotherapy service being delivered. **Other services** (letters, phone calls, emails, consultations, etc.) requiring 10 minutes or more will be billed \$20.00 (billed in 10-minute increments). Payment will be expected **before** each session (except for portions covered by insurance), or the session will not occur. This is to cut down on hours spent by me on billing work. Payment can be made by cash, personal check, or PayPal. A \$30 fee is charged for all returned checks. There are no refunds for services already rendered. If I am working with you through an affiliated organization, fees and other arrangements for payment will be disclosed in writing at the onset of our work together.

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, **I will discuss with you any diagnosis before we submit the diagnosis to the health insurance company.** In addition to a diagnosis, insurance companies may also request treatment plans or summaries. Please be aware that this information, including any diagnosis provided to an insurance company will become part of your permanent insurance records.

Emergency/Crisis:

I do not provide emergency or crisis services or after-hours services. If you experience a mental health emergency, please go to the nearest hospital Emergency Room, or you may call Wake County Human Services Emergency line at 919-250-3133 or Holly Hill Respond line at 919-250-7000.

Confidentiality:

If you should request your records, I encourage you to review it with me so I can explain the meaning of what is written. I will keep confidential anything you say as part of our counseling relationship. Additionally, I am legally and ethically bound to obtain a signed authorization from you to release any information or before I communicate with other service providers such as medical or mental health professionals, family members, or anyone else, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger of harming yourself or others, or you tell me of specific instances of harm to others (including abuse, neglect, or exploitation of a child, person with disabilities, or elder or through life-threatening communicable diseases), or (c) I am ordered by a court to disclose information.

It is also important for you to know that if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. If at any time you have any questions regarding confidentiality, you should bring them to my attention.

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@ncLCMHC.org

Acceptance of Terms:

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

Client: _____
Client Printed Name

_____ Date: _____
Client or Parent/Guardian Signature

Counselor: _____ Date: _____
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