



## **Professional Disclosure Statement**

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### **My Credentials**

I earned my Master's degree in Clinical Mental Health Counseling from the University of the Cumberlands in August of 2018. In August of 2019, I earned my Master's degree in Addictions Counseling from the same University. I hold an active independent license as a Clinical Mental Health Counselor in North Carolina #15719, as a Professional Licensed Counselor in South Carolina #11469, and as a Professional Licensed Counselor in Virginia #0701015831. I have over 6 years of experience as a mental health counselor and 15+ years of experience working in the mental health field in various settings. I maintain current licensure and continuing education requirements to ensure my competency in the field.

### **Professional Background**

I have experience serving a variety of populations including those of all ages, races, genders, challenges, sexualities, histories, and socioeconomic standings. I have served and treated a broad diagnostic group of individuals with symptoms ranging from depression or anxiety to substance use or psychosis. I have the most experience serving populations with dual diagnoses of intellectual/developmental disabilities with mental health diagnoses - for instance, Autistic individuals who experience daily anxiety and/or depression. Additionally, I have experience working within different settings such as residential group homes, alternative family living, family homes, intermediate care facilities, community mental health, schools, as well as group practice settings.

### **Therapeutic Style and Neurodiversity**

I value clear, direct, and collaborative communication. As a neurodivergent clinician, I approach therapy with an emphasis on structure, transparency, and mutual feedback. Clients are encouraged to share preferences related to communication style, pacing, sensory needs, or session structure so therapy can be as accessible and effective as possible.

### **Treatment Approach**

My treatment approach is client-centered and collaborative. I believe that therapy is a partnership and it is important for us to work together to identify your goals and develop a treatment plan that is tailored to your unique needs. I utilize evidence-based practices and techniques such as Psychodynamic, Attachment Theory, Eye Movement Desensitization and Reprocessing (EMDR), and Emotionally Focused Therapy (EFT). I also pull from parts of Interference-Based Cognitive Behavioral Therapy (I-CBT), Dialectical Behavioral Therapy (DBT), and Internal Family Systems (IFS) when appropriate. I approach each client from a



biopsychosocial perspective, believing in the importance of assessing and addressing the whole person, including their physical, emotional, and spiritual well-being.

### **LGBTQ+ Affirming and Culturally Responsive Care**

I am committed to providing affirming, inclusive, and culturally responsive counseling services. I respect and support individuals of all sexual orientations, gender identities, gender expressions, racial identities, ethnic backgrounds, cultures, and belief systems. Therapy is provided in a manner that is nonjudgmental and does not attempt to change, invalidate, or pathologize a client's identity or lived experience.

When relevant to a client's goals, therapy may include exploration of the impact of systemic factors such as discrimination, minority stress, cultural expectations, and intergenerational experiences.

### **Therapeutic Fit and Feedback**

Effective therapy relies on open communication. Clients are encouraged to share concerns about fit, pace, or approach so adjustments can be made. If therapy no longer feels beneficial, referrals may be discussed.

### **Nature of Therapy**

It is important to understand that therapy is not linear. It is a process that can involve progress, setbacks, and even moments of uncertainty. Everyone's journey is unique, and it is essential to be patient, compassionate, and committed to the process. It is not uncommon to experience uncomfortable or difficult emotions during therapy or to even feel worse or regress in progress at times; however, my goal is to create a safe, supportive, and non-judgmental space where you can explore your thoughts and feelings without fear of criticism or condemnation so that you receive the most benefit from the therapeutic process.

### **Session Structure**

Sessions may include a combination of discussion, structured tools, psychoeducation, skills practice, or visual support depending on client needs and preferences.

### **Office Accessibility**

Please note that my in-person office is located on an upper level and requires navigating a flight of stairs. The office is not wheelchair accessible and does not have elevator access. If this presents a barrier to accessing services, please contact me to discuss alternative arrangements, including telehealth or referral options.

### **Services, Session Fees, and Length**

Clinical Mental Health Counseling



All intake sessions (~ 60-90 minutes) - \$175  
55 minutes session - \$150  
42 minutes session - \$125  
29 minutes - \$100

*Sliding scale fees are available on a limited basis.*

### Clinical Assessments

The clinician offers clinical assessments to help evaluate for Autism, ADHD, OCD, and OCPD. These assessments are designed to provide clarification and validation, offering valuable insights into symptoms and behaviors.

A report of the assessment(s) will be provided as well as any supportive documentation needed to improve daily functioning at work, school, etc.

OCD / OCPD assessments - 2 hours, \$300  
ADHD assessments - 2 hours, \$300  
Autism assessments - 2 hours, \$300  
ADHD + Autism assessments - 3 hours, \$500  
ADHD + Autism + OCD / OCPD assessments - 4 hours \$600

To further create accessibility of affirmative care, payment plans are accepted with a written agreement between client and therapist. Insurance may not be used for these clinical assessments.

*It is important to note that these assessments are not as comprehensive as a full psychological evaluation conducted by a licensed psychologist. A psychological evaluation involves a more detailed and in-depth analysis, including standardized testing, interviews, and a broader exploration of cognitive, emotional, and behavioral functioning to form a complete diagnostic picture. Some insurance plans cover psychological and/or neuropsychological evaluations.*

Accepted payment methods include credit/debit, Visa, MasterCard, HSA, FSA, American Express, Discover, and cash. Insurance benefits can be applied, if accepted. A superbill can be provided to those who use out-of-network benefits. All copayments or service fees are due at the time of service. If you have questions about billing or session fees, please contact the clinician via email or phone at 828-515-1451.

### Other Fees

Legal or Court related involvement - \$400 / hour

### **Cancellations and Missed Appointments**



If you need to cancel your scheduled appointment for any reason, you must provide a 24 hour notice or a \$75 cancellation fee will be charged.

### **Exceptions for Unexpected Events**

Late cancellation fees may be waived on a case-by-case basis in situations involving unexpected or unavoidable circumstances, such as sudden illness, accidents, medical emergencies, or other significant life events outside of the client's control.

### **Inexcusable Circumstances**

Late cancellation fees will not be waived for reasons including, but not limited to:

- Forgetting the appointment
- Scheduling conflicts or double-booking
- Oversleeping
- Failure to check appointment reminders
- Choosing not to attend the session

To *potentially qualify* for a waived fee, the missed appointment must be rescheduled within the next working week, subject to availability. This waiver is not automatic and may be limited to occasional occurrences.

### **Purpose of Late Cancellation Policy**

Scheduled appointment times are reserved specifically for each client. When an appointment is canceled late or missed without notice, that time cannot typically be filled by another client. The late cancellation policy is in place to support consistency of care, respect the therapist's reserved time, and maintain availability for all clients.

This policy also helps ensure that services remain sustainable and accessible while honoring the commitment involved in reserving dedicated clinical time.

### **Unavoidable Provider Cancellations**

In rare circumstances, such as unexpected illness or childcare/school closures, I may need to reschedule a session on short notice. In these cases, cancellation fees will not apply, and reasonable efforts will be made to reschedule promptly.

### **Communication Between Sessions**

Communication outside of sessions is intended for scheduling, billing, or brief clarifications only. I respond to messages during standard business hours and generally within 2-3 days. Delays in response do not indicate disengagement or concern.

### **Crises / Emergencies**

I do not provide ongoing emotional support or crisis counseling outside of scheduled sessions. If you experience a mental health emergency, please use the resources listed below or your local



crisis team.

9-8-8 Text, Call, or Chat for National Suicide & Crisis Lifeline

### **Use of Diagnosis**

Most insurance companies will require a diagnosis of a mental health condition from the counselor to indicate that therapy is “medically necessary” before they will agree to pay for your treatment or reimburse you (if you are filing out-of-network). Any diagnosis made will become part of your permanent insurance records. Diagnoses are openly discussed during treatment.

### **Confidentiality**

Confidentiality is an essential component of therapy. 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.

### **Telehealth Information**

While telehealth provides convenient and accessible therapy, there are some risks and limitations to consider. Technical issues, such as poor internet connectivity or audio/video disruptions, may affect the quality of sessions. While efforts are made to ensure confidentiality - such as using a HIPAA compliant platform - there are always potential risks related to privacy and security when using these online platforms. Telehealth may also limit the therapist’s ability to fully observe non-verbal cues, which can be important for understanding emotional responses and diagnostic profiles.

### **No Recording Policy**

For the privacy and safety of all individuals involved, no video or audio recording is permitted during sessions. This policy ensures that clients can speak freely and openly without concerns about confidentiality breaches, maintaining a safe and secure environment for therapeutic work. The focus is on providing a supportive space where clients can express themselves openly, with the confidence that their personal information remains protected.

### **Professional Code of Ethics and Standards**

I am committed to following all applicable laws, regulations, and ethical codes and abide by the American Counseling Association (ACA) Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>) and those established by the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC).

### **Client’s Rights & Responsibilities**

As a client in therapy, you have the right to be treated with respect, dignity, and fairness. You have the right to be fully informed about the treatment process, including the goals, methods,



and potential risks of therapy. You are encouraged to ask questions and share concerns about your treatment at any time. You have the right to confidentiality, with certain legal exceptions, and to make decisions about your treatment, including the option to discontinue therapy whenever you choose. Additionally, you have the right to a safe and supportive environment where your well-being is prioritized.

### **Termination of Services and Referrals**

I reserve the right to terminate counseling services when it is clinically or ethically appropriate. This may include, but is not limited to, circumstances in which:

- A client engages in behavior that is threatening, abusive, or consistently disrespectful toward the therapist.
  - Required fees, copayments, or deductibles are not paid in accordance with the financial policies outlined above.
  - A client's needs fall outside my scope of practice or require a higher level of care.
  - A client requires accessibility, accommodations, or services that I am unable to reasonably provide.
  - The therapist is faced with a legal vs ethical dilemma, usually pertaining to court related cases, that would potentially damage or interfere with the therapeutic relationship.

In such cases, reasonable notice will be provided when appropriate, along with referrals to alternative providers or resources.

### **Complaints**

Although clients are encouraged to discuss any concerns with the clinician, you may file a complaint with the organization below should you believe there has been any violation of these codes of ethics.

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

Email: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists  
and Psycho-Educational Specialists

P.O. Box 11329

Columbia, SC 29211-329

Phone: 803-896-4658

Fax: 803-896-4719

Email: [Contact.Counselor@llr.sc.gov](mailto:Contact.Counselor@llr.sc.gov)



**PIETZSCH**  
COUNSELING & CONSULTATION

Virginia Department of Health Professions  
Enforcement Division  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
Phone: 1-800-533-1560 or (804) 367-4691  
Fax: (804) 212-2174  
Email: [enfcomplaints@dhp.virginia.gov](mailto:enfcomplaints@dhp.virginia.gov)

**Contact Information**

If you have any questions or concerns about therapy, please feel free to contact the clinician using the information listed on the top of this form.

Thank you for considering me as your therapist. I value the services I provide and every opportunity I get in supporting clients across their therapy journey.

**Acceptance of Terms**

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

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

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_