

LCMHC Professional Disclosure Statement

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My Qualifications

I completed a Master of Science in Clinical Rehabilitation and Mental Health Counseling at the University of North Carolina at Chapel Hill School of Medicine in May of 2022. I am a Licensed Clinical Mental Health Counselor #17724 and a Certified Rehabilitation Counselor #597098. I am currently involved in intensive postgraduate training in psychoanalytic psychotherapy at the Psychoanalytic Center of the Carolinas, which involves multiple years of coursework, supervision, and my own treatment. I have over 3 years of experience working as a counselor since my graduate training.

Counseling Background

I started doing clinical work as a counselor part-time in September of 2021 at the UNC STEP Clinic. I started a full-time internship working as a counselor with both the UNC STEP Clinic and the Chatham and Orange Counties ACT Team in January of 2022. After completing my graduate studies, I worked as an Outpatient Therapist at the Easterseals UCP Raleigh office where I worked as an individual psychotherapist and assessor for a wide range of ages and clinical issues. I also have about two years of experience working in group private practice at Lifescapes Counseling Associates in Apex. I have taken multiple post-graduate trainings on Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and psychoanalytic psychotherapy. I primarily work psychoanalytically in sessions and often pull from DBT and motivational interviewing techniques. I have significant experience working with adults, adolescents, and children with mood disorders, anxiety disorders, personality disorders, autism spectrum disorder, and psychotic disorders.

Session Fees and Length of Session

Therapy sessions will typically last approximately 53 minutes. My regular out-of-pocket fee for a 53-minute session is \$160. My out-of-pocket fee for a session lasting less than 53 minutes is \$135. Your out-of-pocket cost or co-pay may vary depending on your insurance benefits. I will report to you your out-of-pocket cost or co-pay before your first session. Session fees are due within 30 days after each session. If a billed session or late cancellation fee goes more than 30 days without being paid by you, I will not be able to schedule another session with you until the overdue bill is paid. Please let me know if there is difficulty paying me due to financial hardship or otherwise and we may be able to establish an alternative plan for payment. You may pay by personal check, cash, Venmo, or debit or credit card through the SimplePractice portal. If you

have questions about your insurance coverage, please contact your insurance company for clarification.

Reduced Fees

If your insurance plan does not cover the services I offer – or you do not have insurance – and you cannot afford my regular fee, please let me know. We can discuss an agreement for a reduction in fees, depending your financial circumstances and my ability to afford to reduce my fees. A potential reduction in fees is especially applicable to established clients who cannot afford full fees for a limited time.

Cancellations and Termination

If it is necessary to cancel or reschedule an appointment, please notify me at least 24 hours before the scheduled appointment. If you cancel an appointment with less than 24 hours notice, you may be charged my late cancellation fee of \$100. If you do not show up to a session without cancelling beforehand, you may be charged my no-show fee of \$135. There is some lenience to this late cancellation policy. If you miss a session or cancel it late, please let me know why you were not able to make it so that fair forgiveness of this fee may be granted. Please note that a convenient alternative to missing a scheduled in-person session is changing it to a telehealth session. If you are late for an appointment, I will see you up until the end of the time we had scheduled together. If I am late for an appointment for any reason, I will make sure to the best of my ability that we are able to meet for at least a full 53 minutes. If you arrive more than 30 minutes late to your appointment and I cannot bill insurance, you may be charged the full no-show fee.

If we do not have a session scheduled and I do not hear from you, I will contact you twice to schedule another session. If you do not return my communication after two attempts, I will stop attempting contact and you may contact me if you want to return to therapy. If you have a recurring appointment scheduled and do not arrive to two consecutive appointments without communicating with me, I will remove your recurring appointment from my schedule.

If I feel that our therapeutic relationship is not safe, healthy, or beneficial for either of us, I have the right to end our therapeutic relationship and refer you to another clinician. Additionally, if I feel that you need a different level or type of care than I can provide, then I may refer you elsewhere.

If you feel it is time for our work together to end, it is best that you let me know and we schedule one last termination session so that we leave our therapeutic relationship on good terms. If you do choose to return to therapy with me at any point in the future, please get in touch with me so that we may possibly continue our work together.

Communicable Diseases

Please do not come to an in-person session if you or someone you live with is sick with an illness which may be contagious. Contact me to change any in-person session to a telehealth

session if you are sick. If you are so sick that you cannot attend a telehealth session, I may waive the late cancellation fee.

Use of Diagnosis

Most insurance plans require a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse for services I offer. 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 the diagnosis to the health insurance company. If I have neglected to inform you of diagnosis, it is your right to ask me what diagnosis has been made and I will disclose that information to you. Any diagnosis made will become part of your permanent insurance records.

Risks

There are several risks involved in engaging as a client in psychotherapy. For some people, symptoms may worsen at the start of treatment. An important part of therapy is exposure to discussing negative experiences and building tolerance of related distress while in the safe environment of a therapy office. Please let me know if distress caused by treatment is too much and we may focus on different topics while building the distress tolerance to return to difficult topics.

I have the ethical obligation to disclose information you share about you or someone else being in danger. Notably, if I determine that your safety is at risk, there is a chance that you would be involuntarily committed to the hospital based on a report I make. I am also obligated to make reports to agencies such as child protective services, adult protective services, or the police department if I determine there is significant risk of harm.

Confidentiality

Our communication becomes part of the clinical record at Sunny Peaks Counseling, which is accessible to you upon request. I do discuss my clinical work with colleagues in the mental health field. When I consult with these colleagues, I do not share any identifying information. If it is beneficial for me to talk with other professionals (like your doctor or psychiatrist) or other people in your life (like a family member or significant other), then I will have you sign a release of information document to give me permission to discuss my work with you with these specific people. If you are paying with insurance, it is possible that the insurance company will want to see the record I have of our work together and I may have to share this record with them. Otherwise, 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; (b) it is determined you are a danger to yourself or others (including child or elder abuse); (c) it is determined another person (especially a child, elder, or person with disability) is in danger; or (d) I am ordered by a court to disclose information. If we run into each other outside of our counseling sessions, I will not initiate communication with you. If you want to chat briefly, I will be happy to say hi, as long as you engage first.

Complaints

I strongly encourage you to discuss any concerns with me directly. However, 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 (<https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf>) and the CRCC Code of Ethics (<https://crccertification.com/wp-content/uploads/2023/04/2023-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@ncblcmhc.org

Acceptance of Terms

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

Signature of client: _____

Date: _____

Signature of counselor: _____

Date: _____