

Angela Ore Green, MA, LCMHC

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Client Disclosure Statement

I am pleased that you selected me as your counselor. This document is designed to inform you about my background history and to provide you with information regarding our professional relationship. I hold a Master of Arts degree [M.A.] in School Guidance and Counseling. I earned my degree in May of 2000 from North Carolina Central University. In June of 2001 I became a Licensed School Guidance Counselor (735211) in the State of North Carolina, where I served as an elementary, middle, and high school counselor from August 2000 until June 2011. In December 2008, I obtained my Clinical mental health Counselor's Licenses (7229) from the North Carolina Board of Licensed Clinical Mental Health Counselors, and in 2014 from the Virginia Department of Health Professions (0701005903). As a licensed clinical mental health counselor, I have had the opportunity to gain valuable work experience beyond the education setting. Since 2008, I have worked in community mental health settings and private practice. In June 2011, I began employment as a Military & Family Life Consultant, serving military families and staff in North Carolina and overseas.

COUNSELING SERVICES OFFERED AND THEORETICAL APPROACHES

I provide individual and group counseling to children, adolescents, and adults. I believe people can make better decisions if they have enough information and understand how something works. Here are some aspects of counseling that are integral to improving the counseling/therapy process and outcome. Counseling includes your active involvement as well as efforts to change your thoughts, feelings, and behaviors. You will be expected to work both in and out of the counseling sessions. Although the exact nature of changes resulting from counseling cannot be predicted, (there is no painless or passive cures, no "magic pills") I intend to work with you to achieve the best possible results for you. As a counselor, I incorporate an eclectic approach. They include, but are not limited to the following theoretical approaches, Solution-Focused Therapy, Cognitive-Behavioral Therapy, and Motivational Interviewing. Techniques used during therapy may consist of homework assignments in the form of exercises, writing and journaling. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel distressed, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. Therefore, the process by which change occurs may be easy and swift, but more often it will be slow and deliberate; effort may need to be repeated.

The theory that guides my approach to counseling is Cognitive Counseling which means that we will collaboratively identify how your cognitions (i.e., thoughts and beliefs) impact your feelings and behaviors. I also integrate elements of Reality and Choice Theories, which focus

on problem solving. These methods are generally delivered using an educational counseling approach.

CONFIDENTIALITY

As part of our counseling relationship, there will be times that you disclose sensitive information to me, so I want you to know that I have respect for the information you disclose. Therefore, it is important for you to know that all information entrusted in the counselor will be handled in accordance with all current legal and ethical doctrines available and will serve the client's best interest. Information you disclose is privileged communication, including notes regarding sessions and cannot be shared with anyone except in the circumstances described: (1) you direct or consent in writing that I release your records; (2) if I learn of any potential abuse or neglect of a child or elderly person, domestic violence, past or present criminal activity; (3) when I believe you intend to take harmful acts against yourself or another person; (4) I am consulting with another mental health professional about how best to serve you, in which case I will not use your name or will use your first name only; or (5) Licensed Clinical Mental Health Counselors can be ordered by a judge to release information. Otherwise, I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission documented in a Consent to Release Information Form that is signed by you.

LENGTH OF SESSIONS

I assure you that all services rendered while under my care will be done in a professional manner and in accordance with ethical standards. Sessions are fifty [50] minutes in duration at a rate of \$75.00. A slide in fee scale based on income is also available for individuals who do not subscribe to a private health care provider. However, the slide in fee scale will be provided to you upon your request. We will schedule our sessions per mutual agreement. If you are unable to keep an appointment, please call to reschedule or cancel at least twenty-four [24] hours in advance. Please note that if you fail to cancel an appointment, you may be financially responsible for the session you missed. In addition, while I expect benefits from this treatment, I fully understand and accept that because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed. However, I understand that I or we am/are free to discontinue treatment at any time. Such request must be communicated in writing only.

USE OF DIAGNOSIS

Please be advised that when a diagnosis is made and used, it is solely done so for the specific purposes of identifying a mental health disorder, determining course of treatment, developing treatment goals, record keeping, and reporting data to your insurance provider.

FEES/METHODS OF PAYMENT

In return for a fee of \$75.00 (assessment or evaluation), I agree to provide the following counseling services for you, \$ 75.00 initial visit and follow-up per (individual and family) per session, with a co-pay denoted by your private insurance carrier. I accept the following forms of payment at the conclusion of each session, cash, credit/debit, or certified check. I will be happy to bill your insurance company on your behalf. However, it is the client's responsibility to satisfy all expenses incurred by them, as result of services rendered to them.

COMPLAINT PROCEDURES

If you are dissatisfied with any services provided to you, please inform me immediately. It is my goal to provide quality and professional service at all times. If you think you have been treated unfairly or unethically by me and think that the matter cannot be resolved by me, as a client of a North Carolina licensee, you have the right to file a grievance with the North Carolina Board of Licensed Clinical Mental Health Counselors at PO Box 77819 Greensboro, North Carolina 27417, Phone 844-622-3572 or (336) 217-6007, and NCBLCMHC’s Email: LCMHCinfo@ncblcmhc.org. The North Carolina Board of Licensed Clinical Mental Health Counselors can provide you with clarification of client’s rights.

If you have any questions, do not hesitate to ask. Please sign and date both copies of this form below indicating that you have read and understand all the information in this document. A copy for your records will be returned to you. A copy will be retained in your confidential record.

Client’s Signature: _____ Date: _____

Counselor’s Signature: _____ Date: _____

Medicaid Cardholders

PATIENT NAME: _____ RECORD # _____

PERMISSION TO TRANSPORT AND EMERGENCY MEDICAL CONSENT

I, _____ parent, guardian/legally responsible adult,
give permission to transport _____ and to sign consent for
medical care for said child. It is understood that Angela Green or staff will attempt to
locate you, or another legally responsible adult, as quickly as possible in the emergency
situation. This consent will be valid for this time period, not to exceed one year:
_____.

