

## Professional Disclosure Statement

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Thank you for allowing me to take part in your life's journey. I believe the counseling experience is a shared interaction between two people that is built upon trust. To help establish a foundation for trust to grow in our therapeutic relationship, I want to highlight my therapeutic approaches, professional background, and your rights in a counseling relationship.

This document is part of the standards of practice of the North Carolina Board of Licensed Professional Counselors. Please read this statement prior to our first session. We will discuss it at the outset of our first session so that I can answer any questions or address any concerns about beginning a counseling relationship together.

### My Qualifications

My name is Jan Krause. As a therapist, I aim to be authentic, empathic, non-judgmental and – above all – ethical in all of our interactions. Let me first speak to the fundamental of ethical standards in my practice: the American Counseling Association Code of Ethics (found [here](#)) guides my profession and is the standard for therapeutic practice – it will serve as the standard for our work together.

It is important to note that any therapeutic relationship involves both risks and benefits. You will likely be experiencing uncomfortable feelings or vulnerability during our sessions, perhaps even our own interactions will elicit anxious moments or strong feelings. These reactions are to be expected in counseling and can be considered as some of the risks associated with a therapeutic relationship. These powerful feelings lay the groundwork for the benefit individuals experience in counseling: gaining more insight into their background, current experiences or recurring patterns of behavior or relationships. And the ultimate benefit in counseling – achieved often by embracing the risks of self-vulnerability – is to achieve your desired outcomes: clarity on a relationship, new skills to bring into your daily practices or perspective that helps with life's uncertainty.

### Degree Information

I was awarded a Master of Arts (M.A.) in Clinical Mental Health Counseling degree from North Carolina Central University in May 2020. NCCU's counseling program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I have received further training and certification as a spiritual director through the Shalem Institute for Spiritual Formation, The Allender Center at the Seattle School, and The Enneagram Institute. These certifications – and the body of knowledge associated with each – informs my perspective and practice.

### Licensure

I am a Nationally Certified Counselor (LCMHC) and a Licensed Clinical Mental Health Counselor (NCC #15808) with the North Carolina Board of Licensed Clinical Mental Health Counselors.

### Years of Counseling Experience

I have over 25 years paid and volunteer experience in establishing safe, supportive communities, walking alongside of others amidst transition and loss and providing counsel, encouragement and perspective. This includes raising four children, parenting a child with a severe hearing loss, offering spiritual direction in one-on-one and group settings, providing life coaching, conducting educational programs and seminars, and creating and leading teams in paid and volunteer settings. My professional counseling experience has been conducted throughout my graduate education in supervised clinical and community settings. My areas of special interest include working with women, children and teens in supporting life transitions, recovering from trauma, and navigating grief and loss.

## **Description of Services Offered**

I provide counseling services in an individual or group setting. The goals for individual or group counseling may vary, however my orientation is consistent in both settings: whether in individual or group counseling, I adhere to a person-centered theoretical counseling orientation.

The person-centered orientation places great importance on the power of the individual to identify, explore and ultimately resolve their own issues through the counseling process within a warm and empathic setting. The counseling process utilizes interpersonal techniques such as reflective listening: such as paraphrasing and summarizing my client's words to they can have a feedback filter through which to process their own ideas.

I also utilize techniques cognitive behavioral therapy (CBT) and mindfulness therapy. CBT techniques expand upon the person-centered orientation with processes such as a thought record, enabling a client to better manage their thoughts and emotions by recording them in an objective manner.

Mindfulness techniques allow clients to observe their thoughts and feelings from a distance, without labeling them as "good" or "bad." Mindfulness empowers clients to live in the moment without judgement or self-criticism. While other techniques may be utilized, the foundation from which I work is always informed by the client-oriented, person-centered therapy.

## **Fees and Length of Service**

Individual counseling sessions are typically 50 minutes, whereas, groups generally run for 90 minutes. Depending on the presenting problem or nature of concern, the frequency of sessions might range from one-time weekly to one session each month. The number of sessions needed to meet therapeutic goals will be explored together after sufficient information is gathered through a comprehensive clinical assessment process. The goal is to provide meaningful, culturally relevant services in an efficient and satisfactory manner. My fee structure as a Licensed Professional Counselor is \$120 for an individual session or \$150 for a couple's session.

I recognize that schedules change, however I request that any appointment cancellations are made least 24 hours in advance.

## **Methods of payment accepted**

The fee due after each session will be payable by major credit card.

## **Confidentiality**

Counselors are obligated to maintain client confidentiality. I am currently being supervised by a licensed professional supervisor who also adheres to the same standard of confidentiality. All information will be kept confidential with the following exceptions:

1. If I believe you are a danger to yourself or someone else;
2. If you give me written permission to disclose information;
3. In the case of abuse to a child or elderly person;
4. If the information is court ordered;
5. If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement; and.
6. In case of a medical emergency.

## Complaints

If you have any concerns about my behavior or counseling approach, please let me know so we can discuss them. If you do not feel your concerns are addressed appropriately, you may contact the licensing board directly:

### North Carolina Board of Licensed Clinical Mental Health Counselors

Mailing Address: **P.O. Box 77819**  
**Greensboro, NC 27417**

Physical Address: **2-C Terrace Way**  
**Greensboro, NC 27403**

Phone: **(844) 622-3572** or **(336) 217-6007**

Email: [complaints@ncblcmhc.org](mailto:complaints@ncblcmhc.org)

Website: [www.ncblcmhc.org](http://www.ncblcmhc.org)

## Informed Consent

I have read, understand, and agree to the information given in this disclosure.

I understand that I am giving consent to receive counseling services.

I have received a copy of the HIPAA Notice of Privacy Practice.

I have received a copy of and understand the grievance process.

I understand my rights as a client and my responsibilities.

I am aware of the limitations of confidentiality.

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Client's printed name

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Client's signature

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Date

For Minors:

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Parent/Guardian name

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Parent/Guardian signature

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Date