

Professional Disclosure Statement
Emily Berman, M.A., LCMHC
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Client Name:

I am pleased that you have selected me as your counselor. The following information is designed to inform you about the counseling process and ensure that you understand our professional relationship.

Qualifications

I hold the following degrees:

M.A in Counseling Psychology, John F. Kennedy University Orinda, CA (2000)

B.S. in Psychology, Lesley University Cambridge, Ma (1994)

I hold the following license:

Licensed Clinical Mental Health Counselor (North Carolina) #8777

Licensed Mental Health Counselor (MA) #5875

I have been practicing counseling since 2000. I provide services to individuals, couples, & families for the following:

Mood disorders (anxiety, depression, bipolar)

Stress/Anxiety

Grief and Loss/Life Transitions

Trauma

Substance Abuse

Life Transitions

Gender/Sexuality

LBGTQ

Spiritual/Existential Issues

Theoretical Approach

As a counselor, I have adopted a "wellness" model of mental health, based on the belief that most of the challenges that people encounter in life are part of life's natural rhythm. Some of these challenges are existential in nature; some are more personal, stemming from any number of interacting factors. I believe that all people have the potential for successfully meeting life's day-to-day challenges and for dancing with life's unanswerable, existential questions. Seeking counseling is a healthy step in that process. My primary goal as your counselor is to help you connect with your innate capacity for wellness.

I practice client-directed, relational therapy. I have experience in a number of treatment approaches, but I believe that the key is the therapeutic relationship. You are the expert on you, and change and growth occur in a non-judgmental environment that provides a balance of challenge and support. It is within the safety of the therapeutic relationship that you can begin to explore your personal challenges more deeply, connect with your own wisdom, and find the life balance you seek. Together, we use the resources and strengths that you bring to the table in combination with appropriate therapeutic interventions to reach your goals. Though I approach counseling from a developmental perspective, it is often helpful to apply a specific diagnosis (taken from the *Diagnostic and Statistical Manual 4th Edition-TR*). This can help us in our work together and also allows me to communicate effectively with other professionals. I believe that the assignment of a diagnosis is best done collaboratively as you are your own best expert and that a diagnosis should not be construed as evidence of a genetic defect or insurmountable obstacle. It is simply a way of classifying certain behaviors so that we can better develop a path for problem solving. (Note: diagnosis does become a permanent part of your record).

The Counseling Process

You, the client, are a full partner in counseling. Your honesty and effort are essential for success. It is my belief that the majority of the “work” in counseling occurs in between sessions, as you put into practice the insights and skills you have gained from counseling. We will work together as a team to define and work toward your goals. Initial counseling sessions will focus on exploring the concerns that brought you into counseling. We will determine appropriate objectives and develop goals. That plan may include referral to outside services. As counseling progresses, we will re-evaluate our plan and make adjustments as necessary.

Touch in Therapy:

Emily B. may also incorporate non-sexual touch as part of psychotherapy. Sexual touch of clients by therapists is unethical and illegal. Emily B. will ask your permission before implementing touch, and you have the right to decline or refuse to be touched without any fear or concern about reprisal. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with the therapist, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without needing to explain it, if you choose not to, and without fear of punishment.

Risks

You should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. As we explore your issues and concerns, you may experience such feelings as sadness, anxiety, anger, grief, guilt or frustration. The counseling process may lead you to make difficult changes. These changes can initially cause you more stress as you move into the unknown.

Referrals and 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@ncblcmhc.org

Appointment, Fees, Cancellations

Regular Sessions are 60 minutes- \$200

Couples Sessions at 60 minutes- \$250

Couples Sessions at 90 minutes - \$300

I take checks, cash and all major credit cards.

Please have checks written before the session begins to avoid taking up time in session. Make checks payable to Emily Berman.

Please give a 24-hour notice for the cancellation of an appointment. If I do not receive notice of cancellation at least 24-hours before the scheduled appointment, you will be responsible for the full price (not your copay) of the missed session. FOR A MISSED APPOINTMENT THAT IS NOT CANCELLED, A FULL CHARGE IS MADE. If no one is available to take your call, you may leave a message 24 hours a day at 857-998-1628. A recurring problem with cancellations or missed appointments may result in termination of services.

Confidentiality

Material revealed during counseling becomes part of the clinical record, which is accessible to you upon request (unless doing so would be psychologically harmful). Information you share during our sessions will remain strictly confidential except under the following circumstances in accordance with state law: (1) you express intent to hurt yourself or someone else, (2) there is a reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older) or a dependent adult, (3) or other court orders are received directing the disclosure of information, (4) I am working collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care, or (5) you are a minor for whom confidentiality is limited to the extent exercised by your parent/legal guardian. Otherwise, I will not give information about you without your full knowledge and a signed consent for release of information specifying exactly what is to be released and to whom.

In the event of marriage or family counseling, material obtained from an adult client during an individual session can only be shared with the client's spouse or other family members with the client's permission. In-group sessions, confidentiality cannot be guaranteed.

The counseling relationship is intimate by nature. However, it is important to remember that the counseling relationship is a professional – not social – one. I will respect your confidentiality outside the counseling session. For example, if I see you in a public place, I will not acknowledge you unless you acknowledge me first. These strict boundaries help protect the mutual trust that is necessary for therapy to take place.

By signing below, I and/or my legal guardian consent to counseling and understand the risks, benefits, procedures, and limitations of mental health counseling as described above. All of my and/or my legal guardian's questions have been answered to our satisfaction.
(For minors with divorced parents, if custody arrangements are such that require both parents' signatures, please include all necessary signatures below.)

Client's Printed Name Parent/Guardian's Printed Name (for Minors Only)

Client's Signature Date Parent/Guardian's Signature Date

Counselor, Emily Berman, LCMHC Signature & Date