

John L. Holt, MA, EdS, LPA, LPC

Professional Disclosure Statement

Thank you for choosing me as your counselor. I am pleased to have this opportunity to work with you. This document is designed to inform you about my background and to insure that you understand our professional relationship.

Education and Experience

I hold an Education Specialist degree from Memphis State University (1987). I also hold a Master of Arts in Clinical Psychology from Western Kentucky University (1984).

I am a Licensed Professional Counselor (#3942) by the North Carolina Board of Licensed Professional Counselors. I am also a Licensed Psychological Associate (#1255) and Health Services Provider-PA by the North Carolina Psychology Board. I hold certificates as a Nationally Certified Psychologist and Board Certified Clinical Psychotherapist.

I was a school psychologist in Memphis, TN from 1984-1988. I have been in private practice in Greensboro, NC since 1988.

Professional Services

My services include individual, couples/marital, and family counseling with adolescents and adults. I have special interest and training in treating anxiety and depressive disorders, grief and loss, relationship/marital dissatisfaction, and trauma issues. My therapeutic approach is eclectic, often including cognitive-behavioral, person-centered, solution focused and family systems techniques. It is my goal to offer you a safe, supportive outlet and partner with you to meet your unique and personalized needs. If for any reason I do not believe I have the experience or training necessary to work with you, I will refer you to another mental health professional who is more prepared to address your presenting concerns.

Confidentiality

Protecting your privacy is very important to me. All information related to the provision of counseling services is privileged and confidential. Your case records will not be disclosed to anyone, including another professional or family member without your express written consent. However, there are certain exceptions to confidentiality in which I am ethically and legally obligated to release information about you. These circumstances include:

- Clients either disclose directly or are suspected to pose an imminent danger to the health and safety of themselves or others
- Clients disclose information regarding the abuse of a child or adult
- A court order or subpoena requires the release of my case records or my direct testimony
- Account submitted to the Credit Bureau after non-payment of fees (no clinical information disclosed)

Please note that children and adolescents are entitled to confidential treatment just as are adults. While it is my goal to partner with parents in the care of their child, I will not discuss private details of my sessions with minor clients with you. I will, however, inform you immediately if any of the aforementioned exceptions to confidentiality arise.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically, the therapeutic relationship is professional, not social. It is critical that the professional relationship be based on respect, safety and trust. Therefore,

it is in your best interest that contact with me be limited to counseling sessions or telephone conversations necessary to your therapy. It is not appropriate to relate to you in any other way outside of the professional context of our therapy sessions (e.g., connecting on social media such as Facebook or LinkedIn). These guidelines are designed with your welfare in mind and allow for all efforts to be directed toward your therapeutic concerns.

Length of Sessions

Services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are typically a minimum of 45 minutes in duration though can be extended to 55-60 minutes and will be scheduled at mutually agreed upon times. If you must cancel your appointment please do so promptly so your appointment time may be allotted to someone else. There is no charge for cancellations at least 24 hours in advance, although I appreciate as much advance notice as possible. **You will be charged \$50 for your first late cancellation and \$75 thereafter unless you have a proven emergency preventing you from keeping your appointment.** Insurance companies do not reimburse for missed appointments. If you call to cancel an appointment, please be sure to leave a message. Attempts at calling without leaving a message must be overlooked and unreturned. A recurring problem with “no shows” and/or late cancellations will be addressed clinically and may result in termination of services.

Fees/Method of Payment

Fees for services for counseling services are due at the time of each session. My out-of-pocket rate for an initial session is \$165. Standard fees for each subsequent session is \$140 for each 45 minute session and \$175 per 55-60 minute session. If I am summoned to court at your request or by subpoena you are responsible for paying \$250/hour to include time for court preparation, travel, on call/wait time and testimony. A \$500 deposit prior to any court preparation is required and will be applied to your total balance. Fees for additional services, including telephone consultations, letters, and reports are at my discretion depending on the nature of the service. Cash, checks and credit/debit cards are acceptable forms of payment. I reserve the right to adjust my fees at any time with advance notice.

Health insurance companies that reimburse clients for counseling services will require that a diagnosis of a mental-health condition that indicates medical necessity for counseling services to be reimbursed. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before you submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Complaint Procedures

I adhere to the NBCC Code of Ethics and Standards of Practice as well as the ACA Code of Ethics Standards of Practice. I encourage you to speak openly and directly with me if you are dissatisfied with the counseling services I provide. However, should the issue not be resolved or if you do not feel comfortable speaking with me directly about your concerns, you may also register a complaint with the North Carolina Board of Licensed Counselors at PO Box 77819, Greensboro, N.C. 27417, 844-622-3572.

If you have any questions, feel free to ask. By signing and dating below you indicate you have read and understand this information. A copy for your records will be returned to you and one will be kept in your confidential case file.

Client/Legal Guardian Signature

Date

John L Holt, MA, EdS, LPC

Date