

# LCMHC PROFESSIONAL DISCLOSURE STATEMENT

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Counseling is a relationship that works when both sides work in conjunction with one-another. As an individual seeking services from this organization, you are entitled to certain rights and responsibilities as defined within this document. The rights and responsibilities you are entitled to are rights and responsibilities I am required to abide by as well. It is imperative that you know that your well-being is of the utmost concern and importance within this counseling relationship. As I am aware of my responsibility to you, you should be aware of your rights and responsibilities as well. This document will provide you with my qualifications, responsibilities, and rights for all parties involved within this process.

## QUALIFICATIONS

I received a M.A. in Counseling with a concentration in Clinical Mental Health Counseling from Wake Forest University in December 2016. Prior to this program, in 2012, I received my B.S. in Psychology from the University of North Carolina at Chapel Hill. I have gained counseling experience working in crisis intervention, intensive outpatient, and partial hospitalization settings. While in these settings, I worked collaboratively with multiple clinicians that utilized a variety of theoretical modalities and interventions with a diverse population of adults. Currently, I work at North Raleigh Mental Health and Wellness, Chatham North Psychiatry and Casey Mental Health Collaborative treating adults (18 years or older) in need of outpatient therapy.

## COUNSELING BACKGROUND

As a counseling professional, my approach to therapy is adapted in a manner best suited to meet the needs of my client. Currently, I rely largely upon Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy, Rational Emotive Behavioral Therapy, and Solution-focused Therapy. I am a trained DBT therapist through Psychwire and Certified Grief Professional. My theoretical orientations may sound vastly different, but each have a focus upon the connection between the mind, body, and environment. Current behaviors, emotions, and patterns of thinking may ruminate in a manner that is maladaptive to living. Understanding these aspects of your being may allow awareness of how they may be dictating emotional satisfaction, interpersonal relationships, and negative behaviors. Together, we can work towards heightened awareness, mindfulness skills, and more adaptive patterns of behavior so that you can lead a more satisfying life with greater well-being.

At North Raleigh Mental Health and Wellness, Chatham North Psychiatry and Casey Mental Health Collaborative, I work with a team of clinicians treating adults and children who struggle with various mental illnesses, including but not limited to, depression, anxiety, bipolar disorder, psychotic disorders, and other issues that may be addressed within the outpatient therapeutic setting. I provide individual outpatient sessions at this time. Family sessions may be provided on an as-needed basis. Other providers within the practice offer medication management services.

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## **SESSION FEES AND LENGTH OF SERVICE**

At North Raleigh Mental Health and Wellness, Chatham North Psychiatry and Casey Mental Health Collaborative, length of services will be determined at intake on an individualized basis. All of the practices mentioned above are in-network with Aetna (except HMO Bronze S and HMO Silver S), most BCBS (except Blue Local, Healthy Blue, or High Performance Network, and BlueHome with Novant Health), Cigna and United Healthcare plan. Our self-pay rates are currently: Therapy Initial visit: \$228.80 and Therapy visits: \$208. Please refer to the company's website for the most current prices. We accept cash, check and major credit cards.

## **USE OF DIAGNOSIS**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. 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. Any diagnosis made will become part of your permanent insurance records.

## **CONFIDENTIALITY**

First and foremost, you have the right to confidentiality within the bounds of therapy. Apart from the few exceptions detailed below, I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission.

All our communication becomes part of the clinical record, which is accessible to you upon request. 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 to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. Other exceptions are listed below.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I must put these into effect:

1. If "there is imminent danger to the health and safety of the client or other or there is a likelihood of the commission of a felony or violent misdemeanor."
2. If I suspect that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the crisis team. I am not obligated to do this, and would explore all other options with you before I took this step including consulting another professional on-site and my supervisor.
4. If I receive a court order from a judge to disclose information.
5. An area program, state facility, or the psychiatric service of the UNC hospitals may share information without the consent of the person or legally responsible person and despite the objections of the person/legally responsible person is the information is "necessary to coordinate appropriate and effective care, treatment or habilitation of the client and when failure to share this information would be detrimental to the care, treatment and habilitation of the client."

6. Information shared with the Department of Corrections.
7. Upon request to a physician or psychologist who referred the person to the facility.
8. For research, planning, and evaluation. This might include clinical, financial, or administrative audits. The information shared does not identify the consumer.

Should any of the exceptions listed above arise in one of our meetings, I will assess the best course of action to take to protect you, others, and myself. These may include bringing in another counselor, bringing in my supervisor, contacting the local Police Department, or another necessary and appropriate intervention, based on the situation and your needs. Should the situation warrant release of confidential records, a qualified practitioner shall ensure that the individual and/or the legally responsible person are notified in writing at the time of admission regarding disclosure without consent. This notification shall be indicated in a document that is reviewed and signed with the individual and/or the legally responsible person. The individual and/or legally responsible person shall sign indicating that they have received a copy of the notification. The qualified practitioner or designee shall ensure that the original document is filed in the record.

If you ever have any concerns or questions about your rights and options, please do not hesitate to bring them to my attention.

## **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](mailto:Complaints@ncblcmhc.org)

## **ACCEPTANCE OF TERMS**

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

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_