

Aimee Perry, M.A, LPC, NCC
Outpatient Counselor

New Day Counseling Services, PLLC

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PROFESSIONAL DISCLOSURE STATEMENT

This document contains important information, and you are asked to review and retain it for future reference.

The purpose of this form is to provide information about the counseling I offer as well as information about my background and training. Should you have any questions regarding this material feel free to contact me at any time.

Qualifications:

I received a master's degree in counseling from North Carolina State University in May 2004. I have been a professional counselor since February 2010. I have successfully met the professional counseling standards established by the North Carolina Board of Licensed Professional Counselors (North Carolina Licensed Professional Counselor # 7754) and the National Board for Certified Counselors (National Certified Counselor # 274607). I have also met professional standards established by the North Carolina Counseling Association (Membership # 90575), American Counseling Association (Membership # 6307524) and American Mental Health Counselors Association (Membership # 999034985).

Counseling Background:

My services have included individual, couples, family and group counseling with adults, adolescents, and children. I have worked both in private practice and outpatient mental health agencies. I have five years of post-graduate experience. Counseling is a process by which we work together to identify and work on any issues you bring to our sessions. My approach to counseling involves helping you to identify strengths within yourself and develop self-awareness. My therapeutic approach is eclectic typically blending Play Therapy, Cognitive Therapy, Reality Therapy, Psycho educational Therapy/Educational Therapy and Strategic Family Therapy. I also may use some expressive arts techniques such as writing, clay, music, or art during our sessions. These therapies are well established, researched, and respected within the profession. You are encouraged to become knowledgeable about goals, methods, and effectiveness. Should you ever have reservations regarding counseling or any specific interventions, or feel you are not progressing as you wish, it is important to discuss your concerns with me. One of the important steps in counseling is establishing your goals for counseling. Along with your goals, the counseling plan will include the methods for achieving your goals, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. Periodically, we will evaluate our progress and, if necessary, redesign our counseling plan, goals, and methods. Counseling includes your active involvement as well as efforts to change your thoughts, feelings and behaviors. As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping adults and adolescents with personal growth and family issues. I also have experience working with children, adolescents, and adults with mood disorders and behavioral issues.

Length of Service and Session Fees:

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-60 minutes in duration. If you are unable to keep an appointment, please call the office to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for paying for the session that you missed. Also, please call the office if you will be running late. If 15 minutes go by and you have not called, it will be counted as a missed appointment.

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The hourly rate for therapy is (45-50min) \$95.00 / (60-75min) \$110.00, initial evaluations are \$125.00 and family sessions (60-75min) are \$100.00. Cash, checks and credit cards are acceptable for payment at the time services are rendered. I can accept some insurance plans such as Blue Cross Blue Shield of N.C., Medicaid and Aetna. You will be responsible for deductibles and co-payments according to your insurance plan at the time services are rendered. Claims will be filed by my office.

Diagnosis of Mental Disorder:

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:

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and my profession's ethical principles, (I abide by the ACA Code of Ethics) (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>), in all but a few circumstances. There are two circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) when I believe you intend to harm yourself or another person; (2) when I believe a child or elder person has been or will be abused or neglected; (3) when I have been court ordered to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and usually a signed Release of Information Form. If you have any questions or would like additional information, please feel free to ask.

Complaints:

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the NCBLPC. I abide by the ACA Code of Ethics, which can be found at (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>). Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the following organization, should you feel I am in violation of any of these codes of ethics: North Carolina Board of Licensed Professional Counselors, PO Box 77819 Greensboro, NC 27417, Phone: 844.622.3572, Fax: 336.217.9450, E-mail: LPCinfo@ncblpc.org.

Client Rights and Important Information:

A) You can seek a second opinion from another therapist or terminate therapy at any time. Please note: If there is any outstanding balance upon termination, I may turn your account into collections.

B) In a professional relationship (such as ours), the therapeutic relationship is professional, not social. 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 extend social invitations or gifts to me. Sexual intimacy between a therapist and a client is never appropriate. These limits are designed with your welfare in mind and allow for all efforts to be directed towards your concerns.

Consent for Treatment:

I / We voluntarily give consent for evaluation and counseling services to be provided by Aimee Perry, LPC. I understand that I / We may withdraw self (or the client) at any time from treatment and refuse any treatment offered.

Acceptance of Terms

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

NAME _____ MR # _____

Before your appointment please review your therapist’s professional disclosure statement. You can also access this information on our web site by visiting: www.newdaycounseling.org

PROFESSIONAL DISCLOSURE ACKNOWLEDGEMENT:

Please feel free to ask questions at any time.

By signing below, you are agreeing that an opportunity has been provided to discuss any concerns you may have prior to committing to counseling. The invitation to open discussion will remain in effect throughout the relationship.

Parent/Legal Guardian Signature

Date

Client Signature

Date

Witness Signature

Date