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## Disclosure Statement

Thank you for providing me with the opportunity to serve as your therapist. My disclosure statement is designed to provide you with information regarding my educational and professional background. It will also ensure an understanding of our therapeutic relationship and the types of services I provide. Please read this document thoroughly, as it will inform you of important office policies to be aware of. As a Licensed Clinical Social Worker Associate (LCSWA), and your therapist, I am committed to providing you with quality and professional counseling services. Any questions or comments you may have regarding this document, or my services are encouraged.

**My Qualifications**– I received a Master of Social Work (MSW) degree in May 2020 from UNC-Wilmington. Which is a clinical focused program committed to preparing graduates for a career in assisting individuals, families, groups and communities in therapy, case management and advocacy for clients. During my graduate-level internship, I helped individuals and families improve their quality of life by accessing community resources, problem solving, building strengths, and improving coping skills. My work experience and education have prepared me to be an ethical, non-judgmental professional, and resourceful therapist. Undergirding my skills and experiences is my passion to work with people whose interpersonal and psychological difficulties impede their pursuit of vitality, happiness, and self-actualization.

**Licensure and Credentials** – North Carolina Licensed Clinical Social Worker Associate (LCSWA), #P016854

**Restricted Licensure** – As an LCSWA, I am pursuing my full credentials and my services will be under supervision until that time. My supervisor is Tiffany Blake who is a Licensed Clinical Social Worker (LCSW). In order for me to acquire my full licensure and continue to grow clinically it is necessary that I be able to collaborate with her about my caseload. However, my onsite supervisor that provides me with 24-hour emergency consultation will be Bethany Hannah Houston, LCMHC who can be reached at 336-626-0208.

Examples of my areas of competence and services provided include:

\*Depression \*Trauma \*ADHD \*Child/ Adolescent Therapy \* Anxiety/Stress \*Grief and loss \*Marriage & Family Therapy \*Transitions/Adjustments in life

It is my certainty that for therapy to be effective, we must both be actively involved in goals set for the course of our counseling relationship. Please know that it may take some effort to change one's self-perceptions, emotions, and behaviors which means work in and out of session.

**Session Fees & Length of Services** – Sessions provided are 50 minutes in length and will be scheduled upon our mutual agreement. I agree to provide counseling services for a fee of \$90- \$150 per session. Payment is requested at the time of service. Cash and checks are the preferred methods of payment however, credit cards are acceptable for payment also. If you wish to seek reimbursement for my

services from your health insurance company, I will complete any reasonable forms related to your reimbursement provided by you or your insurance company. Health insurance may pay for a portion of service fees. You will be expected to pay any copay or deductibles owed at the time of your session. If you are unable to keep an appointment, please contact me to cancel or reschedule at least 24 hours in advance. If I do not receive such advanced notice, unless you have an emergency, you are responsible for paying for the session that you missed. Please note that insurance companies do not pay for missed sessions, therefore you will be responsible for the entire fee. It is still your responsibility to cover the cost of sessions if your insurance company denies claims. It is your responsibility to determine whether or not your insurance company will reimburse you and to what extent you will be reimbursed.

**Use of Diagnosis** – Please be aware that some health insurance companies will reimburse clients for counseling services, and some will not. In addition, most insurance companies will require a mental health diagnosis before they agree to reimburse for costs of services. Also, there may be some diagnostic conditions that may not qualify for reimbursement. As a LCSWA, I utilize the Diagnostic Statistical Manual of the American Psychiatric Association, Fifth Edition (DSM-V) when providing a diagnosis. If a qualifying diagnosis is appropriate in your case and it is in your best interest, I will inform you of the diagnosis in addition to submitting it to the health insurance company. Any diagnosis provided is not taken as a lifetime diagnosis of that mental health disorder but will become part of your permanent insurance records.

**Confidentiality** – Our conversations and the records I keep of our sessions together are private and confidential. However, there are a few circumstances in which I cannot guarantee confidentiality for legal and ethical reasons which include: (1) When I suspect you intend to harm yourself or another person; (2) when I suspect a child or elder has been or will be abused or neglected; (3) I am ordered by a court to disclose information; (4) I am required to provide clinical to insurance or managed care companies; (5) I am working collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care; (6) you are a minor for whom confidentiality is limited to the extent exercised by your parent/legal guardian.

**Email, Internet, and other Media**- While it is convenient to correspond via email and other electronic based media, be advised that these modes are not deemed secure and are subject to hacking and therefore cannot be guaranteed to be secure. By participating in these modes of communication you are acknowledging the risks of utilizing these resources. In addition, I do not conduct therapy via email, but welcome scheduling by email since it can be handier than telephone calls to get the sessions set. I do not check my emails moment by moment and during weekends, vacations, and conferences. I do not necessarily check emails daily. I will however get back to you as soon as possible to get your sessions scheduled.

**Out of the Office**- I will, from time to time, be out of contact due to such things as continuing education seminars, vacations, family emergencies, etc. Counseling is a uniquely personal service and therefore therapy may be briefly interrupted. I will attempt to give you adequate advanced notice whenever possible.

**Emergency Situations** - If you have an urgent situation, which you feel needs immediate support, please make use of 24/7 emergency services not limited to but including 911, going to nearest emergency department, contacting Randolph County Mobile Crisis: 1-877-626-1772, Crisis text line: 741-741, National Suicide Hotline: 1-800-273-8255, Spanish Suicide Hotline: 1- 888-628-9454, AA Hotline: 1-888-

237-3235, NA Hotline: 919-831-5587, Addiction Hotline: 1- 800-662-4357, S.A.F.E. Alternatives (support for self-harm) 1-800-366-8288, Eating Disorders Hotline: 1-800-931-2237, Domestic Violence Hotline: 1-800-799-SAFE, Grief Hotline: 1-800- 395-5755.

**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 NASW Code of Ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>).

North Carolina Social Work Clinical Licensure Board: NCSWCLB

Mailing Address: P.O. Box 1043 Asheboro, NC 27204

Physical Address: 1207 S. Cox Street, Suite F Asheboro, NC 27203

Phone: 336-625-1679 Fax: 336-625-4246

Acceptance of Terms If you have any questions, please feel free to discuss them with me. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy for my confidential records.

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

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_