

***Jacqueline D. Grantland, M. Ed, LPC, NCC
Clinical Therapist, Independent Contractor***

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PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: Licensed Professional Counselor licensed in the state of North Carolina, License No. 5199, National Certified Counselor, Certification No. 86515. EMDR Level I and II, Certified Sex Offender Treatment Provider, trained in Trauma Focused Cognitive Behavioral Therapy. I graduated from Texas Tech University with a Master of Education majoring in Community Counseling. I hold a Bachelor of Science degree in Psychology and an Associate of Arts degree in Management Studies from the University of Maryland. Professional affiliations include American Counseling Association, Chi Sigma Iota (counseling honor society), Licensed Professional Counselors Association of North Carolina, National Association of Forensic Counselors, and International Association for Eating Disorders Professionals. I am also currently pursuing a PhD in Counselor Education and Supervision through Capella University.

Experience: My work experience includes counseling at-risk children and adolescents with emotional, behavioral, and mental disorders placed in Therapeutic Foster Care and Group Homes. Additional work experience includes counseling adolescents in a substance abuse residential treatment center, working for the Shelter for Victims of Domestic Violence, treating victims of sexual assault and domestic violence, crisis intervention, and working with the department of social services. I have worked in the mental health field for over eight years. Prior to pursuing my career as a counselor I worked as a medic/EMT in the United States Air Force for seven years. I completed the Victim's Advocate Training, and Sexual Assault Training through the National Coalition of Domestic Violence. My specialty areas are domestic violence, sexual assault, military issues, family and relationship issues and eating disorders. I treat all ages, individuals, adults, children, adolescents, families, and couples.

Theoretical Orientation: My theoretical orientation is Eclectic with emphasis on Cognitive-Behavioral/Solution Focused and Client Centered Theory. As an eclectic counselor I believe that no single theory can effectively treat all the different emotional, behavioral, and mental disorders. As your counselor I will apply the best theoretical orientation based on your specific needs and issues.

INFORMED CONSENT

Counseling Relationship/Services: During the time together, we will meet weekly for approximately 45-60 minute sessions. A diagnosis will be used to help specialize your counseling treatment and will be placed in your counseling records. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to services through our therapeutic sessions and treatment team meetings. You will best be served if our sessions concentrate exclusively on your concerns. If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

Payments and Cancellations: *Payments will be accepted in the form of cash, check, or credit card.* I accept Tricare Prime and Standard, ChampVA, Medicaid, NC Health Choice, Blue Cross Blue Shield, Aetna, Ceridian EAP, Military One Source, Cigna, Medcost, Magellen, MHN, Doctor's Direct Preferred Providers, Compsych and most insurance companies. Copayment is due at the time we render services. If you must cancel an appointment please notify the office at least 24 hours prior to the appointment. If you are late for the appointment the session will still need to end on time and you will be responsible for the full payment.

Fees charged for session are as follows:

Initial Assessment: 125.00

Individual Counseling: 75.00

Family/Couple Counseling: 90.00

Supervision for LPCA: 75.00

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your school, job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Records and Confidentiality: All of our communication becomes part of the clinical record. Most of our communication is confidential, but the following limitations and exceptions do exist: a.) I am using your case records for the purposes of supervision, professional development, and research. In such cases, to preserve confidentiality, I will identify you by your first name only; b.) I determine that you are a danger to yourself or someone else; c.) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; d.) you disclose sexual contact with another mental health

professional; e.) I am ordered by a court to disclose information; f.) you direct me to release your records; or g.) I am otherwise required by law to disclose information.

Registering Complaints: I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If you wish to file a complaint against a North Carolina licensed professional counselor, you may do so by placing that complaint in writing and sending it to the NCB LPC. You may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit your letter to the board. The address to send the complaints to is North Carolina Board of Licensed Professional Counselors, P.O. Box 1369, Garner NC 27529. For further information please refer to the website. <http://www.ncblpc.org/complaints.html>

By your signature below, you are indicating that you read and understood this statement, or that any questions had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

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|---------------------------|--------------------------------|
| _____ Client Signature | _____ Counselor's Signature |
| _____ Date | _____ Date |