

## LCMHC Professional Disclosure Statement

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### **Qualifications**

In September of 2016 I obtained a Master of Arts Degree in Licensed Professional Counseling from Liberty University, Lynchburg, Virginia. I received recognition of meeting national standards to practice by the National Board of Certified Counselors. I have two years of counseling experience that consists of hands on, supervised training from a team of seasoned mental health professionals.

### **Counseling Background**

I currently provide services primarily to children and adolescents. I have experience working with children and teens dealing with anxiety, depression, anger, emotional regulation and mood disorders. Providing parenting techniques and education on diagnosis are strengths used to support positive outcomes in treatment. My therapeutic approach is eclectic, merging multiple techniques, to compliment your unique style and needs. Cognitive Behavioral Therapy, Motivation Interviewing, Trauma-Informed, Solution-Focused and Dialectical Behavior Therapy-Informed are skills employed during treatment. My therapy experience consists of outpatient and in-home settings. Throughout my training I have also provided services to families and adults seeking to improve anxiety, depression, cope with various transitions in life and family related issues. If you are interested in incorporating your faith/religion into treatment, please communicate this as I will be happy to accommodate. Please note that specific treatment outcomes/results cannot be guaranteed, however, together we will work to achieve your best possible results.

### **Session Fees and Length of Service**

Sessions are typically 60 minutes. My fees are \$100 for initial intake and \$80 per hour for therapy. You are responsible for any deductibles and co-payments required by your insurance provider at the time of service. My office will file claims, bill and issue reimbursements. Fees may be paid via cash, check or credit/debit card.

### **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**

Confidentiality is of utmost importance. As part of our counseling relationship, anything you share is kept confidential excluding the following exceptions: (1) when I believe you intend to harm yourself or

others, (2) when I believe a child or elderly person has been or will be abused or neglected, (3) when ordered by a court to disclose information, or (4) you direct me in writing to disclose information to another party. Otherwise, no treatment, diagnosis, history or client status information will be released without your consent. All our communication becomes part of the clinical record and is available to you upon request.

## 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@ncblpc.org](mailto:Complaints@ncblpc.org)

## Acceptance of Terms

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

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

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