

Alicia M. Brown, LCMHC, NCC

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Professional Disclosure Statement

The counseling process can be extremely empowering and life-changing. I pledge to put forth my full effort during each counseling session and ask that you do the same during the session, as well as on out-of-session work that we construct together. I seek to empower clients to take an active role in their decision making and daily lives. I believe that each person possesses the power to change when taught the appropriate life skills and given the proper supports. Every individual deserves the right to be heard and cared for. I believe in strengthening family relationships in an effort to support the primary goals of the client. I look forward to working with you as a team.

Qualifications & Experience

I have been a practicing counselor since August 2004. I graduated from the University of North Carolina at Greensboro (UNCG) in May 2004 with a Master of Science in Counseling with a concentration in School Counseling. I completed a Post Master's Certificate in Advanced School Counseling in May 2007, which I also earned from UNCG. I am a Licensed Clinical Mental Health Counselor in North Carolina (LCMHC- License # 10682). I hold a school counseling license (HQ Code- 98, Area 0005) with the state of North Carolina Board of Education, Department of Public Instruction. I am a National Certified Counselor (ID# 89695) as recognized by the National Board for Certified Counselors. I am a member of Chi Sigma Iota, the Counseling Academic and Professional Honor Society International, and Psi Chi, The National Honor Society in Psychology.

I currently work as a private practice counselor. My office is located at South Elm Street Baptist Church. I counsel clients of all ages who experience a variety of mental health concerns including anxiety disorders, adjustment disorders, attention deficit disorders, substance-abuse issues, mood disorders and personality disorders. I also provide counseling to clients who are struggling with general developmental issues as well as marriage and family issues. I have 13 years of school counseling experience, where in addition to mental health counseling, I provided academic advising and support, college and career counseling, anger management techniques, character and leadership development, and taught interview skills. I have worked with many different types of families, including two-parent households, single-parent homes, foster homes, group homes, adoptive parents, parents living separately due to work, and legal guardians as deemed by the Department of Social Services.

Approach & Schedule

My clinical orientation is primarily cognitive-behavioral that is solution-focused. I also use some clinical techniques drawn from Adlerian, EMDR and a combined family systems approach. I have a special interest in addressing faith-based principles during the counseling process when directed by the client. Please note that any counseling that is provided to children and adolescents will require the child's guardian(s) be involved in family sessions when determined to be clinically appropriate. I work Monday thru Friday from 8:00am until 5:30pm. I see clients for 50 minute sessions. Generally, I like to see clients on a weekly basis; however, the frequency of sessions will be determined on a client- by- client basis.

Payment & Attendance

I charge \$80 per 50 minute counseling session. The client or guardian may pay before or after each session or may choose to pay for several sessions ahead of time. Receipts will be emailed or printed upon

request. The fee will be an out-of-pocket expense for the client, as I do not currently submit claims to insurance companies. I accept cash, checks and any major credit card for payment. I am able to provide detailed receipts that may possibly be submitted to your insurance company for reimbursement. Please check with your specific insurance company about whether this is an option. I am also equipped to take many FHA and FSA cards. Please talk with me directly if you plan to pay with one of these options.

A 24-hour notice is required for cancelling an appointment. If the client or guardian does not provide the 24-hour notice, full payment for the session will be required and must be paid prior to the next appointment. In the event that a check is returned unpaid, cash payment will be required, as well as an additional fee to offset the fee that my bank charges me.

If attending a group, the fee for attending the entire group will be determined at the time the group is established and given to you in writing. Full payment must be made before the second group meeting.

Should I contract with a community agency, I will follow the company's plan for cost of services. Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require 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 & Complaints

Confidentiality is vital to our counseling relationship. I will keep confidential anything you say, with the following exceptions: (a) the client or his/her guardian directs me in writing via a two-way consent form, 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. Even when the client is under the age of 18, the details of what happens in counseling cannot leave the session unless one of the above apply. I will encourage open communication between the client and their family when appropriate. All of our communication becomes part of the clinical record, which is accessible to you upon request.

Communicating through email and text message can be helpful for scheduling appointments; however, confidentiality cannot be completely guaranteed with electronic communication. Please discuss your concerns if you are uncomfortable communicating appointment times in this manner. It is extremely important for the client to remember that electronic communication is for appointment scheduling and canceling only. It should not be used for communicating emergencies or counseling content. I usually check my email in the evenings and will respond as soon as possible. I cannot be available for emergency phone calls, texts or emails. Clients should call 911 immediately if this need arises.

I am open to conducting technology- assisted counseling appointments. I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends and whether or not confidentiality from your work or personal computer may be compromised due to such programs as a keylogger. I encourage you to only communicate through a computer that you know is safe i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services.

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the NC Board of Licensed Clinical Mental Health Counselors should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Mental Health Counselors
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Phone: 844.622.3572
E-mail: LCMHCinfo@ncblcmhc.org

Acceptance of Terms:

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

Client: _____ Date: _____

Parent/Guardian (if client under 18): _____ Date: _____

Counselor: _____ Date: _____