CHRISTIAN COUNSELORS OF MOORESVILLE

222 Southside Ave.
Mooresville, NC 28115
704-658-0238
www.ccofmooresville.com

DISCLOSURE STATEMENT AND INFORMED CONSENT

To My Valued Clients:

Thank you for choosing me to be your counselor. This document is provided for your records to inform you about my role and background, as well as to help you better understand the counseling relationship.

My name is Vincent Ketchie and I am a LCMHC (Licensed Clinical Mental Health Counselor #8916) in the state of North Carolina. I received a Masters degree in counseling from Lenoir-Rhyne University in May of 2011. Prior to receiving my degree, I completed 600 internship hours total at the Delta Unit Psychiatric Ward at Davis Regional Hospital and at New River Behavioral Healthcare in Statesville, NC.

As a counselor intern, I assisted clients with anxiety, depression, relational and crisis issues. I have worked with individuals along with groups on topics such as assertiveness, self-esteem, and trauma. My experience ranges from assessing severe mental disorders to interpersonal issues.

I will work with you individually, in a group, or both, according to your desired counseling setting along with appointment availability. Sessions will be held in a professional atmosphere, and must involve your willing and active participation. This means that you will have to be prepared to share feelings, thoughts, and behaviors that may be difficult to talk about. Be aware that sometimes things get worse before they get better, and in the counseling process there will be ups and downs. The purpose of counseling is, among other things, to improve relationships and faulty thinking. As a result, work will be done inside and outside of the counseling session to improve problem areas in your life.

I will work alongside you using reality, cognitive-behavioral, and Gestalt approaches. This will require time, as quick-fixes are not realistic. Therapy is not a cure-all, and should not be treated as such. I am a Christian, and find that my spirituality enhances my counseling.

Statement of Confidentiality

The counseling atmosphere is meant to be safe, allowing the client to feel heard and respected. Your confidentiality and dignity is my priority. I am ethically bound to keep your information private, with only a few exceptions. Confidentiality must be broken when:

1.) I believe the client intends to harm oneself or others
2.) I believe abuse or neglect has occurred to a child, elder, or dependent adult
3.) If you sign a Release of Information form allowing me to speak to a third party
4.) If the court orders release of information

Dual Relationships

In the interest of keeping your counseling confidential, it is important that our counseling relationship is treated as professional. Your counselor is seen as a helper, not a friend. In the event that we see each other in public, I will not readily acknowledge you, so that no one will suspect that you are receiving mental health services from me. Client contact will be limited to time spent in session.

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Services

Each individual session will be 50 minutes long. A fee of $95.00 will be charged upon service. Payments may be made in cash, by credit/debit card, or by check. I do not currently accept insurance.

If your counselor is required by law to appear in court pertaining to the client, then a rate of $2,000.00/day will be charged to the client.

Complaints

If you feel dissatisfied with our work together, please inform me immediately. My goal is to be as effective and efficient as possible, and if you have an issue with my work, please notify me. If you feel that you have been treated unethically or unfairly and cannot resolve the problem with me, please register a complaint at the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC):

NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)
P.O. Box 77819
Greensboro, NC 27417
(844) 622-3572 or (336) 217-6007.

The NCBLCMHC is a resource for clients' rights as well the organization to which a complaint is lodged.

If you have any questions about this document or about my practices, please ask me. Sign and date this form. A copy will be given to you for your records. Thank you.

_____ _____
Client's Signature Date

_____ _____
Client's Signature Date

_____ _____
Parent's Signature (if applicable) Date

_____ _____
Vincent Ketchie, LCMHC Date

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MISSED APPOINTMENTS

We want to share with you our appointment cancellation policy. We make every effort to schedule appointments that best fit your schedule. If you find that you have a scheduling conflict, please call us at 704-658-0238 to cancel and re-schedule your appointment.

In order to insure that clients are seen quickly, please give twenty-four hours notice if you need to cancel your appointment so that we may give other clients an opportunity for that time slot.

Clients who miss an appointment or do not notify us twenty-four hours in advance will be charged $95.00 for the missed session.

_____ _____
Name Date

_____ _____
Credit Card type (Visa, Mastercard, Discover) Credit Card Number

_____ _____
Expiration Date CVV Code

_____
Credit card billing address (including zip code)

By signing this, I agree to pay for missed appointments that I do not give twenty-four hours notice for cancellation. I understand that my credit card information will be kept on file at Christian Counselors of Mooresville, and will not be sold or shown to any third party.

_____ _____
Signature Date