

### **LCMHC Professional Disclosure Statement**

Melissa Enoch, LCMHC, QS, LCAS, CCS, MAC

[melissatrinitycounseling@gmail.com](mailto:melissatrinitycounseling@gmail.com) (704) 807 2181

5820 E WT Harris Blvd Ste 120 Charlotte NC 28215 (704) 333-2446 (704) 333-2447 fax

508 Holly Hill Ln Ste 102 E Burlington NC 27215 (336) 270-4053

#### **Qualifications**

2014 Graduate of Walden University, with a Master's of Mental Health Counseling, specialization in Forensic Counseling

2008 Graduate of University of Phoenix, with a Master's of Business Administration

1993 Graduate of University of North Carolina at Charlotte, with a Bachelor's of Arts in Psychology

Master Addiction Counselor (NAADAC)

Licensed Clinical Addiction Specialist (LCAS #20613)

Licensed Clinical Mental Health Counselor (LCMHC #11206)

Certificate Clinical Supervisor (CCS #20352)

#### **Counseling Background**

I have worked in the Mental Health/Substance Abuse field since 1994 in the capacity of Detoxification, Corrections, Prevention and Treatment. In this capacity, I work with adults, ages 18 through 80. I provide substance abuse education, counseling and psychotherapy utilizing the foundation of Cognitive Behavioral Therapy, but also drawing upon Freud's Psychoanalysis, Erikson's Stages of Development, Medical Model of Alcoholism/Addiction, Motivational Interviewing, Gorski's Relapse Prevention model and Reality Therapy.

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

Sessions are generally scheduled for between 45-50 minutes. The remaining time in the hour is for completion of paperwork and notes. The standard fee is \$100 for the initial consultation and \$120 per subsequent therapy sessions, payable by cash, check, and credit card on the day of service. Some insurance companies can be filed, however Co-Pay must be paid at the time of service. Missed appointments will be charged at the regular rate unless cancelled at least 24 hours in advance.

#### **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 is established and indicate that you must have an "illness" before they will agree to reimburse. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate for 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 records.

#### **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined that you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

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**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@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

**Acceptance of Terms**

Please sign below that you have read and understand the information above and are voluntarily willing to participate in the counseling services that I provide.

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

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

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