

**LCMHC Professional Disclosure Statement**  
**Angela Seabrooks, EdD, CPC, LCMHC**  
**License # 155220**

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Thank you for providing me with an opportunity to support you with your counseling needs. The information provided below is designed to outline the professional relationship, the fee structure, as well as provide you with advocacy information.

**My Qualifications**

I received a BA in psychology from Winston-Salem State University, and received my Master's Degree in Professional Counseling from Liberty University in 2017. I received my Doctor of Education in Community Care & Counseling: Traumatology from Liberty University in 2020. While I have over 30 years of experience providing direct care support services in residential programs and community based services, I am beginning my career providing counseling services. Through the practicum and internship experiences in my Masters program, I gained experience providing individual and group counseling sessions. I am seeking full licensure as a Licensed Clinical Mental Health Counselor Associate through the N.C. Board of Licensed Clinical Mental Health Counselors.

**Counseling Background**

Working within a private agency, I am responsible for providing therapeutic support services for children, adolescent, as well as adults. These will include diagnostic assessments, to determine what services are appropriate, as well as individual and family therapy. Services will be person centered and will be delivered using cognitive behavioral therapy (CBT), which explores negative thoughts and beliefs and focuses on solutions. While the therapeutic relationship is a collaborative process, it is my goal to create an environment where the client can explore their struggles, identify their strengths, and set goals for their future treatment. We will use a variety of tools, such as therapeutic worksheets, role plays, as well as motivational interviewing.

**Session Fees and Length of Service**

The initial intake, with a clinical assessment, will take approximately 2 to 3 hours. The cost for the intake and assessment is \$150.00 per hour. Follow-up counseling sessions are typically 60 minutes in length, at the rate of \$75.00 per hour. Your insurance carrier will be billed directly after each session. However, if you are required to pay a co-pay, it will be due at the beginning of each session. We accept cash, check, and MasterCard or Visa. If your insurance carrier denies your claim, we will attempt a resubmission. If the claim is denied after the resubmission, you will be provided the opportunity to appeal. If the appeal is denied, you will be responsible for the remittance of payment. If you do not currently have insurance, a private pay agreement shall be completed and payment installments shall be provided.

**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**

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 you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. I will also work diligently to maintain your confidentiality outside of the counseling session. For example, if I encounter you in the community, I will not acknowledge you unless you acknowledged me first, and will ensure we do not discuss your case.

**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: \_\_\_\_\_