

LCMHCA Professional Disclosure Statement

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Hello and Welcome!

I am so excited to start this new journey with you as your counselor. The purpose of this document is to provide you with my professional background, my approach to counseling, and to clarify and outline our roles as counselor and client in the therapeutic relationship.

My Qualifications

In May 2022, I graduated from the University of North Carolina at Greensboro with a Master of Science degree in Counseling and a concentration in Clinical Mental Health Counseling. My License number as a Clinical Mental Health Counseling Associate will be as follows #A17623.

Restricted Licensure

Currently, I am a Licensed Clinical Mental Health Counselor Associate in the state of North Carolina. As a provisionally licensed counselor, I am under the supervision of Crystal Robinson, LCMHC-S. Per supervisory guidelines, supervision requires that I provide audio and/or video recordings of counseling sessions to ensure that I am providing quality care and adhering to best practices. Once supervision is completed, all recordings are destroyed to maintain your privacy. Please note that I will do everything in my power to preserve your anonymity, and you may trust that my supervisor is being held to the same standards of confidentiality as I am. Crystal Robinson can be contacted via email at crobinson@imattercounselingservices.com.

Counseling Background

I have 3 years of counseling experience to date, where I have worked with women, men, non-binary and LGBTQIA+ individuals, teens (14 and up), and adults through a therapeutic lens. In my experience, I provide trauma-informed and culturally sensitive counseling that focuses on helping clients start their journey of healing from the pain and burdens of life.

I am passionate about providing quality care to underserved communities in which she provides culturally sensitive counseling to the Black, Indigenous, and People of Color (BIPOC) communities. I specialize in working with BIPOC women and teen girls who are struggling with grief, childhood trauma, anxiety, depression, posttraumatic stress disorder (PTSD), shame, life transitions, and self-esteem issues.

My work with clients often aligns with that of Reality Therapy and Acceptance and Commitment Therapy (ACT), in which I collaboratively work with clients to help them learn how to incorporate skills into their lives that will help them enhance their self-awareness, process and healthily navigate painful thoughts and feelings, and examine their behaviors. Based on my

client's specific strengths and needs, I may also integrate components of person-centered, cognitive-behavioral (CBT), strengths-based, and solution-focused brief therapies to ensure that my clients receive the quality care they deserve. My daily goal is to provide clients with a safe, nonjudgmental space that nurtures their healing journey.

Session Length and Cancellation Policy

Our counseling sessions will promptly begin on the hour and will last approximately 50 minutes. As mutually agreed, sessions will be weekly, bi-weekly, or monthly. It is expected that our sessions begin and end on time. If you are running late, please send me an email or text at (980) 201-5863. All clients have a 10-minute grace period. If you are unable to attend a scheduled session, please provide at least 24 hours' notice to cancel or reschedule your appointment via phone or email to avoid being charged the full session fee. Because it is difficult to fill a canceled appointment without sufficient notice, appointments canceled without 24 hours' notice (late cancellations) and missed appointments (no-shows) will be charged a fee of \$100. Please note that the fee is \$100, even if you normally use insurance or our sliding fee option as a method of payment. The credit card information or other payment information you previously provided will be used to process this payment. By providing us with your credit card information or booking an appointment, you consent to this policy.

All clients are provided **one free "grace session"** as your therapist understands that unexpected events do happen. Thus, in an effort to maintain consistency and empathy, clients will be charged the full fee of \$100 for every session missed after their first missed appointment or late cancellation.

Frequent Cancellations and Missed Appointments

Frequent cancellations and missed appointments (4 or more in 6 months or 2 consecutive) may result in the termination of treatment. If you have arranged with your therapist to have recurring appointments, the next recurring appointment will stay on the calendar. After 2 consecutive cancellations or no-shows, you will not be able to schedule another appointment and will be referred to another provider.

Location of Services

To maintain safety, clients are prohibited from engaging in therapeutic services while operating a moving vehicle. If you cannot pull over in a safe location for your scheduled session you will be required to reschedule. If scheduling does not occur in the same week a late cancellation fee of 100.00 will be charged. Please review the Cancellation Policy section above for more information regarding late cancellations. In addition, all sessions are to be held in a private location free from distractions (e.g., people) and cannot be conducted while riding in the car with others. This requirement is for safety reasons and to ensure that you are fully present for the session.

Counseling Fees

At Sanctuary Counseling Group, our fee is \$150 per hour for individual, couples, and family therapy, with a \$175 fee for the initial session. All fees are due at the time services are rendered. The method of payment that we accept is Cash, Check, Health Savings Account, Mastercard, and Visa. Please note that we are dedicated to providing services at an affordable rate. Thus, to

expand access to mental healthcare, we offer a sliding scale fee that ranges from \$30 to \$150 per session which is based on your annual household income. Please see the below chart for more details regarding our sliding scale option:

Annual Household Income	Fee Per Session
<\$20,000	\$30
\$20,001 - \$30,000	\$50
\$30,001 - \$40,000	\$75
\$40,001 - \$50,000	\$90
\$50,001 - \$60,000	\$100
\$60,001 - \$70,000	\$115
\$70,001 - \$80,000	\$125
\$80,001 - \$90,000	\$140
>\$90,001	\$150

Household income must be verified by one of the following for all household residents:

- *Pay stub*
- *Tax return (1040)*
- *W-2*
- *Unemployment or disability documentation*

Our negotiated fee is \$ _____

Use of Diagnosis

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. Any diagnoses given by your counselor will become part of your permanent client record.

Effects of Counseling

At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or not continuing counseling services. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a self-discovery journey that sometimes leads to major changes in your life perspectives and decisions that may stir up uncomfortable and challenging emotions. These changes may affect significant relationships, your current perception of the world, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted due to one’s healing journey being solely unique to their process. However, with hard work and commitment, we will collaboratively work together to achieve the best possible results for you. In the case that I determine that your concerns or issues are outside of my scope of competence,

please know that I will do everything I can to refer you to a more qualified and competent mental health professional.

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.

Our Relationship

Although our sessions may be intimate on an emotional or psychological level, it is vital to remember that our relationship is professional rather than social. Therefore, our contact will be limited to your sessions to maintain healthy boundaries (excluding texts, calls, or emails regarding appointment cancellations and rescheduling). I ask that you please do not invite me to social gatherings, offer monetarized gifts, attempt to exchange services, write references or recommendations for you, or relate to you in any way other than the professional context of our counseling relationship. This includes refraining from any interaction via social media platforms. If we happen to encounter one another outside of our scheduled sessions, I will not acknowledge you to protect your privacy and confidentiality. You will benefit the most if our relationship focuses on addressing your presenting concerns.

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

Acceptance of Terms

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

Client: _____

Date: _____

Counselor: _____

Date: _____