## **Professional Disclosure Statement**

Rev. Katherine Sherrill, M.A, LCMHC, MT-BC Sanctuary Counseling Group St. Francis United Methodist Church 4200 McKee Road Charlotte, NC 28270

Phone: (704) 375-5354 ext.418 Email: ksherrill@scgnc.org

#### **My Qualifications:**

I received my Master of Arts in Pastoral Care and Counseling from Garrett-Evangelical Theological Seminary in Evanston, IL in 2020. I also have a Bachelor's in Music- Music Therapy from Appalachian State University. I am a Licensed Clinical Mental Health Counselor (LCMHC) in the state of North Carolina (License #16063). I am a board-certified Music Therapist (MT-BC, CN#11797). I have been practicing as an LCMHC in NC for two years and as an MT-BC for seven years. I am a commissioned/provisional deacon in the United Methodist Church.

# **Counseling Background**

With respect to my theoretical orientation for counseling, I believe that we are whole persons, with physical, psychological, social, and spiritual aspects, so therefore I am committed to a common factor approach between many different models. These psychological perspectives include but are not limited to Psychodynamic Therapy with emphasis in Self Psychology, Music Therapy, Family Systems, Cognitive-Behavioral Therapy, Solution Focused Therapy, Dialectical Behavioral Therapy and Narrative Therapy. I practice from a person-centered approach, which means that our sessions will always be focused on you and your needs. Together, we will explore the issues that you bring to counseling in a holistic way, with emphasis on emotional, spiritual, and personal history perspectives.

Even though my education is in pastoral counseling and I am provisionally ordained, I respect your thoughts and beliefs around religious/spiritual issues. I work with people of all faith types and this includes those that have no connection to a belief system at all. Ethically, I will not bring my religious and faith ideas in your counseling sessions. Therefore, whether we include a discussion of the spiritual dimension of life in our time together will be entirely up to you.

I have experience working with individuals, couples, and families. My experience includes but it not limited to clinical mental health for adolescences and adults, hospice/palliative care, grief support, young adults/college, couples, and clergy consultation. Clients with whom I work seek counseling for difficulties due to life events which can create depression, anxiety, grief, and adjustment difficulties. I do not work with people whom, in my professional opinion, I cannot help using the resources and skills I have available and will in such cases offer a referral to another therapist who may be better equipped to help. Throughout your therapy, I will be utilizing a supervisory peer group and occasional individual supervision to enhance the therapeutic care that I give to you. These professionals maintain the same ethical commitment to confidentiality as I do.

# **Counseling Sessions**

Counseling sessions generally last 50 to 60 minutes and are scheduled weekly, bi-weekly, or monthly, as mutually agreed upon. It is expected that your sessions will begin and end on time. If you are unable to attend a scheduled session, please call to cancel (980-734-3293) or reschedule at least 24 hours in advance of your appointment to avoid being charged the full fee for the visit (full fee is \$150, even if insurance or sliding scale is normally used for a client).

### **Counseling Fees**

At Sanctuary Counseling Group, our fee is \$150 per hour for individual, couple's, and family therapy, with a \$175 fee for the initial session. We accept cash, checks, and credit cards (Mastercard and VISA only) for session payments and all fees are due at the time services are rendered. We also accept several insurance plans. If you wish to have us pre-authorize services with your insurance company, please let us know. Note that it is our mission to provide services at an affordable rate and therefore we also offer a sliding scale fee which ranges from \$75 to \$150 per session and is based on your income. Here is the sliding scale based on earned income:

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 can be verified by one of the following for all household residents:

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

#### **Diagnoses**

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

#### **Confidentiality:**

In the therapeutic relationship, you as a client have the right to confidentiality. Information discussed during counseling sessions will be held strictly confidential and will not be disclosed to anyone outside of the therapeutic relationship without your written consent. There are three legal exceptions to confidentiality, which all exist to protect your safety,

- 1) Threats or evidence of suicide or harm to self.
- 2) Threats or evidence of homicide or harm to others.
- 3) Reports of suicide, sexual abuse, and/or neglect of a minor or elder.

In such cases, I am mandated by law to report these incidents to the proper authorities. In each of these instances, I will talk you through the process so as to assure that you are aware of the necessary precautions to aid with re-establishing safety. Additionally, in the instance that I am court-ordered to testify in court, any confidential information may be disclosed. Again, should any of these instances occur, I would explain the confidentiality constraints with you at that time.

## Counseling Relationship/Social Media

Please be aware that on order to maintain healthy boundaries, our contact should be limited to our therapy sessions. This includes socializing, gifts, or any other way of relating outside of the counseling relationship. This will enable us both to focus on your goals, and to protect your emotional safety. This includes interaction through various social media forms. You also have the right to terminate our counseling sessions at any time, although I will request a termination session for closure.

## **Complaint Procedures**

Acceptance of Terms

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization(s) below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<a href="http://www.counseling.org/Resources/aca-code-of-ethics.pdf">http://www.counseling.org/Resources/aca-code-of-ethics.pdf</a>) and the AMTA Code of Ethics (<a href="https://www.musictherapy.org/about/ethics/">https://www.musictherapy.org/about/ethics/</a>)

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

AMTA Ethics Board 8455 Colesville Road, Suite 1000, Silver Spring MD 20910 Phone: 301.589.3300 Fax: 301.589.5175

Email: amtaethics@hushmail.com

We agree to these terms and will abide by	y these guidelines.
Client:	Date:
Counselor:	Date:
Client Signature/Date	Licensee Signature/Date