



SANCTUARY COUNSELING GROUP

## Professional Disclosure Statement

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**Willard (Jay) Cobb, MACC, LMFT, LCMHC**  
**LMFT – 1980; LCMHC – 12369**

This statement is designed to provide you with information about my educational background as well as a general overview of the professional relationship that we will establish.

### **Background and Training**

I received a master's degree in Christian Counseling from Gordon-Conwell Theological Seminary in Charlotte, NC in May 2015. My studies have afforded me the education and experiences necessary for licensure as a Licensed Clinical Mental Health Counselor, as well as a Licensed Marriage and Family Therapist. I have been counseling for 8 years in various settings. My previous education includes a bachelor's degree in education from the University of North Carolina in Chapel Hill, NC. I bring a wealth of life experience and knowledge to the counseling session as a second career therapist with over 30 years of corporate experience.

### **Counseling Services Offered**

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 an integrated approach of compatible psychological perspectives. These psychological perspectives include but are not limited to Psychodynamic Therapy, Family Systems, Cognitive-Behavioral Therapy, Solution Focused Therapy, Emotionally Focused Therapy, Motivational Interviewing, Dialectical Behavioral Therapy and Narrative Therapy. They are well established and researched methods of therapy that are widely respected as being effective.

Even though my education is in Christian counseling, I respect your thoughts and beliefs around religious/spiritual issues. I work with people of all faith types. This includes those that have no connection to a belief system at all. My professional licensure prevents me from including 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 and couples. Clients with whom I work seek counseling for difficulties due to life events. This includes depression, anxiety, grief, adjustment difficulties, life goals, career strategies, relationship issues, trauma and addiction. 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.

### **Confidentiality**

It is important for you to know that everything you discuss with your counselor, as well as your written client record, will remain strictly confidential. So that I may always offer you the best therapy possible, it is important that I seek advice and counsel when the circumstances are appropriate based on individual situations with a particular client. If this is the case, then I will discuss the case within the clinical setting of my counseling organization, but know that they are bound by the same laws and ethics of confidentiality. There are circumstances in which I cannot guarantee confidentiality, either legally or ethically:

1. If child or elder abuse or dependent-impaired adult neglect is suspected, the law requires the therapist to report it to the appropriate authorities.
2. If the therapist believes that the client is in clear and imminent danger to self or others, in order to prevent harm, other people will be contacted.
3. If a client is being evaluated or is in treatment by order of a court of law, the results of the evaluation and/or treatment must be revealed to the court.

**Sessions and Fees**

I assure you that my services will be provided in a professional manner and will be consistent with accepted ethical standards. Sessions generally are 50 to 60 minutes long and are scheduled weekly, bi-weekly, or monthly as mutually agreed upon based on need. The length of treatment varies depending on the therapist, the client (s) and the nature of the problems. If you are unable to attend a scheduled session, please call to cancel (704-375-5354) or reschedule at least 24 hours in advance of your appointment to avoid being charged full fee for the visit (full fee is \$150, even if insurance or sliding scale is normally used for a client). Any diagnoses given by your counselor will become part of your permanent client record.

My fee is \$150.00 per session for individuals, couples and family therapy with \$175.00 for the initial intake. 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 \$90 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

Agreed upon fee: \$ \_\_\_\_\_

**Complaint Procedure**

All clients are encouraged to discuss any concerns with me, or 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  
PO Box 77819  
Greensboro, NC 27417  
844-622-3572

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I (we) agree to these terms and will abide by these guidelines.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_