

Professional Disclosure Statement  
Vanessa York, MA, LPCA  
1451 S. Elm-Eugene St. Suite 3114  
Greensboro, NC 27406  
Phone: (336)652-3076

### **My Qualifications**

My name is Vanessa York. This document is designed to inform you about my education, training, qualifications, and background to insure that you understand the expectations and limitations of establishing a professional relationship with me.

I earned a Bachelor's degree in Psychology from John Wesley in 2000 and a Master's of Arts in Professional Counseling from Liberty University in 2014. I passed the National Counselor Exam on July 15, 2016. My professional background includes experience in the mental health field (1 year) and 20 years of experience working with youth in many human service fields.

### **Restricted Licensure**

I hold my Professional Counselor Associate License, (A12695) in North Carolina. Pursuant to the North Carolina Board of Licensed Professional Counselor requirements for provisionally licensed counselors, I will be under the supervision of Jack Lindsey Hileman, LMFT/LPC Supervisor, (#1091) in Greensboro, North Carolina.

### **Counseling Background**

During my internship and recent experience in the mental health field, I have gained experience counseling adolescents, women, families, and couples regarding stress, anxiety, depression, communication, trauma, grief, career, and marital counseling. I view myself as an eclectic counselor, utilizing whatever theory deemed best for the individual client. The theories utilized most often are; Cognitive Behavior Therapy, Solution Focused Therapy, Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.

The idea behind therapy or counseling is to work together as counselor and client to resolve or change problematic behaviors. This takes time and work from both parties. We will work together to determine goals, as well as, a treatment plan to bring about change in those problematic areas. There is often work done outside of sessions to possibly include; journaling, readings, and other tasks deemed necessary and appropriate to the individual treatment plan. Change can be a difficult process. It takes time and work to invoke change. There is no easy or quick fix. There are associated benefits and risks involved in counseling. Some of those risks include; sadness, anxiety, and working through painful thoughts concerning past events. This is a normal part of the counseling process and we will work through it together.

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

Counseling sessions are 50 minutes in length and the frequency of sessions will be determined by the counselor following the initial assessment of the issues presented by the client. Sessions will be charged at a rate of \$75.00 per session. The initial session will be charged at a rate of \$100.00. If you are unable to keep your appointment, please call to cancel or reschedule, at least 24 hours prior to your appointment. If you do not call with advance notice that you are unable to keep your appointment, you will be responsible for paying \$ 50.00 for that session. Methods of payment acceptable at this time are cards, cash and checks. There will be a \$25.00 fee charged for all returned checks.

**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.

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