

Professional Disclosure Statement
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Mimosa Office: 828-433-5600

Qualifications

I received my Masters of Arts in Clinical and Mental Health Counseling (M.A.) in 2017 from Lenoir-Rhyne University. During my time at Lenoir-Rhyne, I completed one year of internship at Cornerstone Counseling Center in Hickory, N.C., where I worked with a variety of patients. I have been working since for two and a half years since January of 2018. I worked for 9 months at Center for Emotional Health, working with both children and adults. In addition to my work here at Mimosa I have been employed with Support Inc. since September 2018. I have been with Mimosa since February of 2018. The North Carolina Board of Licensed Professional Counselors have approved my license. I am a Licensed Clinical Mental Health Counselor, license number 0000 In addition, I am also certified by the National Board for Certified Counselors as a National Certified Counselor certificate number 887460.

Counseling Background

I have served a broad range of clients from children to older adults. The main population that I have worked with is children, adolescents, and their families. I believe in a holistic view of counseling. This means that I look at the whole person, thoughts, feelings, behaviors, emotions, spirituality, and relationships. I will mainly be using techniques from Cognitive Behavioral Therapy (CBT), which means that we will work on thoughts and how they can influence our actions and emotions. I will also use a variety of other methods depending on the client and his or her situation. In working with children, I use a method of therapy called play therapy. This means, I use play with children to help them to express their emotions.

Session Fees and Length of Service

Generally, sessions last from 50 to 60 minutes. Sessions may be weekly, biweekly or monthly. We will discuss what is best for you and your needs. Fees vary by agency and range \$50-125 per hour. Fees for individual 50-minute sessions are \$100. Intake session fees are \$125. Fees are due at the time of service. Cash, debit, and most credit cards are acceptable forms of payment. Services will be charged to insurance companies; however, clients should remember that not all issues/conditions/problems, which are the focus of counseling are reimbursed by insurance companies. Any copayment for your health insurance provider is due at the time of service.

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 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 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

Acceptance of Terms

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

Parent/Guardian: _____ Date: _____

Client: _____ Date: _____

Counselor: _____ Date: _____