

# **DIANE J. GUELZOW, MA, NBCC, NCLCMHC**

Mimosa Christian Counseling Center  
220 Burkemont Avenue  
Morganton, NC 28655  
828-433-5600

## **Professional Disclosure Statement (2021)**

I believe that therapy is a relationship built on clearly defined rights and responsibilities which are held by each party in the relationship. This document outlines important information about our therapeutic relationship. Please read it carefully and let me know of any questions you might have so that we can discuss them. Signing this document represents an agreement between us.

### **Qualification:**

I hold a Masters' degree in Community Counseling and a Post Graduate Certificate in Expressive Arts Therapy which I received in 2007 from Appalachian State University in Boone, North Carolina. I am a Licensed Clinical Mental Health Counselor in North Carolina – license number 7947 and have been working as a counselor for 11 years. My area of special training and expertise is in Expressive Arts Therapy. I have experience in working with groups, adults and children and have been working in the field since 2010. I also hold an Ed.D. in Educational Leadership from Appalachian State University which I earned in 2012. My dissertation focused on the educational process of graduate counseling student and their psychological experience with expressive arts modalities. This academic work has informed both me and other counselors as to how expressive arts therapy helps clients move through their therapy by using art as a way to visually release their thoughts, pain, etc.

### **Counseling Background:**

I work primarily with children, youth, and women. Through a grant from my counseling agency, I had worked with children in Burke County schools for several years who needed deeper counseling than a school counselor could offer. I also work with school-aged children at the office, along with women. There are many different counseling methods I incorporate in the sessions, depending on your goals and issues. For therapy to be most successful, I will request that we talk about both the issues and goals during our initial session together. Some of the approaches I incorporate in therapy include Person-Centered Therapy, Cognitive Behavioral Therapy, and Expressive Arts Therapy. Expressive Arts Therapy is a form of therapy that incorporates different ways to visually express one's feelings and emotions by drawing, painting, journaling, music, etc. These approaches are dependent on you, your comfort level and interest. In our session, you are a participant and have the right to refuse anything that is suggested.

### **Session Fees and Length of services:**

I accept third-part payments from insurance providers.

- An initial evaluation (90791) is \$125.
- A 16-37 minute session (90832) is \$50.
- A 38-52 minute session (90834) is \$100.
- A 53-67 minute session (90837) is \$100.

- A session (90846) is \$100 for family therapy without client (regardless of time)
- A session (90847) is \$100 for family therapy with client (regardless of time)

Your insurance company will pay \$\_\_\_\_. (which may leave a co-pay of \$\_\_\_\_). If you have no insurance, my hourly rate is calculated on a sliding scale from \$50 to \$125 per in-office sessions. This rate depends on your ability to pay for services. The amount agreed upon by counselor and client session is \_\_\_\_\_. I will accept cash, check, and credit card and insurance. Payment is expected at the end of each session unless other arrangements have been made in advance. Billing information and insurance will be discussed upfront. For young children, a session for 30 minutes is the norm. For adolescents, a 50 minute to one hour session is the norm. For adults, the session are the 50 minutes to one hour is the norm unless there is a need to extend the time.

### **Use of Diagnoses:**

Some health insurance companies will reimburse clients for counseling sessions and some will not. In addition, most companies 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 the office submits the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Risks and Benefits:**

Psychotherapy can have many benefits and risks. Therapy may involve discussion some parts of your life where you may have experienced some uncomfortable emotions like sadness, guilt, anger, frustration, loneliness, and helplessness. Therapy can sometimes be disruptive to the relationships you already established. You may also notice being more tired or more sensitive after counseling session. Self-care activities will help you in this emotional state. Benefits to therapy often lead to better relationships, sense of peace, hope, and appreciation of life. Finding solutions to specific problems, and significant reduction in feeling of stress, If I suggest a technique that may have some risks, I will inform you ahead of time and discuss these risks and benefits. I find most people who take risks find that therapy is beneficial to them.

### **Confidentiality:**

In general, the privacy of our communications is protected by law. Our communication becomes part of the clinical record which is accessible to you upon request. I will only release information about our work together to others when you have given me permission to do so. You need to be aware that there are a few exceptions in which I will break this confidentiality. They are as follows:

- If I have good reason to believe that you will harm another person by some means. I must attempt to inform that person and warn them of your intention. I must also contact the police and ask them to protect the intended victim.
- If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult (elderly or disabled person), or if you give me information about someone else who is doing this, I must file a report with or notify the appropriate state agency.

- If I have good reason to believe that you intend to harm yourself, I may be obligated to seek hospitalization for you or contact family members or others who can help provide protection.
- I will also report to proper law enforcement authorities any threats to this country's national security.
- If you file a grievance or bring legal action against me, I will use records of our work together to provide information to the persons involved with hearing this matter.
- If your records are subpoenaed by a judge for use in a court case.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This federal law ensures the protection of confidentiality information about you is electronically transmitted.

**Internet Communications and Virtual Sessions:**

When transmitting information about you electronically to insurance companies, I will do it in a manner to employ special safeguards to insure confidentiality. If we communicate by email at some point in our work together, you need to be aware that email is not completely confidentially secure, and I will delete messages after I communicate or reply to you. I have no control beyond these measures as your emails are retained by your internet service provider.

If I will hold a virtual session online, I will NOT record our online session. In addition, if the Internet fails and we are disconnected, I will try to restore our connection or call you immediately to complete our session via our phones.

**Cancellations:**

As my client, you are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will still end on time and not run over into the next person's session. Once you have scheduled an appointment, you will be expected to be here or pay for the missed appointment unless you provide my office within a 24-hour advanced notice of your cancellation. I will try to reschedule another appointment time convenient to you and me. There may be times when I am away from the office or out of town. I will inform you in advance of any absences that affect our session and will supply you with a name and phone number of the therapist who will cover for me.

**Termination:**

Most likely, you will be the one who decides to end our sessions. There are only a few exceptions where I may terminate our counseling relationship:

- If, in my best judgement, I feel that I am not able to help you because of the kind of issues you have or because my training and skills are not appropriate. In this case, I will discuss this issue with you and refer you to another therapist who may better meet your needs.
- If you harass, threaten, verbally or physically harm me or the office staff, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I decide to terminate you from therapy, I will offer you referrals to other sources of care.

**Complaints:**

If you are dissatisfied with my counseling services, I encourage you to discuss it with me so that I can respond to your concerns and make any needed changes. I welcome any and all such criticism and will treat them seriously with great respect to you. If you believe that I have been unwilling to listen and respond to your comments or that I have acted in an unethical manner, you are free to complain about my behavior to:

**North Carolina Board of Licensed Clinical Mental Health Counselors**

PO Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3572

**Acceptance to Terms:**

I have read this Professional Disclosure Statement in full and have had sufficient time to make sure that I have considered it very carefully. I have asked any questions that I needed to and understand this document. I freely consent to participate in counseling services with Diane Guelzow. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Ms. Guelzow. I am over the age of 18 (I am not over the age of 18 ). We agree to these terms and will abide by these guidelines.

Client's Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_