

## **LPC Professional Disclosure Statement**

**Tatiana Matthews LPC**  
**Office: 770-815-6853**  
**Fax: 678-339-1212**

### **Qualifications**

- East Carolina University, Master's of Science in Rehabilitation Counseling received in 1998
- North Carolina Licensed Professional Counselor (3632), Georgia Licensed Professional Counselor (3359)  
Certified Rehabilitation Counselor
- In clinical practice since 1998

### **Counseling Background**

- Population served: Adolescent and Adults
- Description of services offered: Individual, conjoint and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic and client focused therapy addressing such issues as trauma, anxiety, depression, addiction, relationships, ADHD and Autism Spectrum Disorders. Interventions are cognitive behavior in nature and frequently include Eye Movement Desensitization and Reprocessing and Dialectical Behavioral Therapy.

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

- Sessions are 45 minutes long
- Sessions cost \$258.50
- Cash, check and credit cards accepted.

### **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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors  
PO Box 1369  
Garner, NC 27529  
Phone: 919.661.0820  
Fax: 919.779.5642  
E-mail: [ncblpc@mgmt4u.com](mailto:ncblpc@mgmt4u.com)

Or  
Georgia Secretary of State  
<http://www.sos.ga.gov/plb/>  
237 Coliseum Drive  
Macon, GA 31217-3858  
(478) 207-2440

**Acceptance of Terms**

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

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_