

LCMHC Professional Disclosure Statement
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My Qualifications

I am licensed as a Clinical Mental Health Counselor (LCMHC) (License #17398) in the state of North Carolina, approved by the Board of North Carolina Board of Licensed Clinical Mental Health Counselors. I am also a Nationally Certified Counselor (NCC) (Certification #1649305), approved by the National Board for Certified Counselors, Inc. I received a Master's in Clinical Mental Health Counseling from the University of North Carolina at Pembroke in December of 2021. I also received my Bachelor of Science degree in May 2019 from Campbell University. My major area of concentration for this degree is in Psychology with a minor in Accounting. Currently, I have over 2 years of counseling experience at a community mental health center and 1.5 completed years of counseling experience that was obtained through my practicum/internship 1 & 2 courses in the Clinical Mental Health Counseling program at the University of North Carolina at Pembroke.

Restricted Licensure

I am currently a Licensed Clinical Mental Health Counselor (LCMHC) in the state of North Carolina.

Counseling Background

Currently the populations that I am serving are children, adolescents and adults (6-63 years of age). The most common concerns that I work with are individuals diagnosed with ADHD or Autism Spectrum Disorder, as well as those who struggle with anxiety, depression, anger, and gender-identity. Prior to that I worked in a college setting where I served adolescents and young adults (17-25 years of age) who are undergraduate and graduate students in college. The most common concerns that I have experienced in this field are stress, anxiety, depression, loneliness, procrastination, and sexual assault. Additionally, the populations that I have served in the past include underprivileged youth (15-21 years of age) with behavioral issues, traumas, economic disadvantages, and learning disabilities; as well as adults (25-70 years of age) with trauma histories, mental health disorders, and mental health concerns such as stress, anxiety, grief, depression, etc. My primary theoretical orientation is based on a combination of Person-Centered Therapy, Cognitive-Behavior-Therapy (CBT), and Behavior Therapy. I typically refer to this integrative approach as the Gage Theory of Counseling. Techniques used under this approach include tailoring the session to the client's needs, the ABC Model used by behavioral therapist as a functional assessment to explain the development and consequences of a specific behavior, and the concept of restructuring and modifying irrational thoughts and beliefs. If further information regarding this theoretical approach is desired, please inform me and I can provide you with a copy of an essay written by me detailing the Gage Theory of Counseling.

Length of Service and Session Fees – A typical intake interview can take between 60 and 120 minutes to complete. Standard sessions last approximately 53 minutes. Family sessions can extend to 90 minutes depending on the case severity. Payment is due at the end of each session. This includes copayments, coinsurance and unmet deductibles. Please be aware that you may need to contact your insurance provider for details about behavioral health coverage. Rates and payment arrangements will be discussed and agreed upon before treatment begins. However, the total cost of your treatment will not be known until your treatment ends. Any charges related to psychological evaluations or psychiatric treatments received somewhere else need to be resolved directly with the provider of such services.

Methods of Payment – Acceptable methods of payment are cash, debit/credit cards, electronic transfers, and checks. A fee of \$35 will be added to any returned check. Please initial each service to receive in the chart below.

Adults/Adolescents Fee Initials Crisis Counseling Fee Initials



28411
Tel 910-777-5575 Fax
910-777-5273
info@wmhwc.com

Wilmington Mental Health 3825
Market St., Ste 4 Wilmington, NC

Comprehensive Clinical Assessment \$250.00
53 min Session \$130.00
EAP Services Fee Initials 53 min Session \$100.00
Couples and Families Fee Initials 53 min Session \$150.00
Groups Fee Initials 60 min Session \$50.00

60 min Session \$200.00 **Forensic Evaluations Fee Initials**
Immigration Evaluation \$1500.00+ Sex Offender Risk
Assessment \$3500.00+ Court/DSS/CPS/DPS Evaluations
\$2500.00+ **Miscellaneous Fee Initials** Letters, certificates,
reports \$25.00/pg Court appearance \$250.00/hr

* Additional time must be requested and approved prior to your next appointment. Add \$65.00 per 30 min increments. **Sliding Scale/Fee Adjustments** – To qualify for a reduced rate, you must show proof of annual income for all immediate family members living in your household. Applicants should provide a copy of any accepted income verification materials (i.e., recent federal tax return, IRS Form W-2 or 1099, or two current pay stubs). I reserve the right to periodically adjust my fees and withdraw this benefit at any time and you will be informed in advance of such a decision.

Cancellation Policy - Appointments may be scheduled, rescheduled, or cancelled by phone or text. Except for emergency situations, you are required to give 24-hour notice to cancel or reschedule an appointment. Up to 2 missed appointments will be charged at 100.00 each (\$25 for group therapy). After 3 missed appointments I will bill the standard rate (i.e., \$130, or \$50 for group therapy). I reserve the right to terminate our professional counseling relationship after three consecutive absences. Dire emergencies (i.e., hospitalization, accident, death in the family) are addressed on an individual basis. Since your insurance will not pay for any portion of a missed appointment, you will be responsible for the full cancellation fee.

Emergency Situations – If you are out of town, sick, or need additional support, phone sessions are available. I cannot guarantee 24/7 availability though. After office hours, you may leave a voicemail at **(910) 777-5575** (ext. 101) and I will return your call within 24 hours. During medical or life-threatening emergencies, including emotional or behavioral crises, please go to the nearest hospital emergency room or call/text **9-1-1**. You can also call the New Hanover County crisis line at **(877) 685-2415**, the Suicide and Crisis Lifeline 24/7 at **9-8-8** or text the crisis text line at **741741** to connect with a crisis counselor.

Confidentiality - I make it a priority to keep your confidentiality and privacy protected, except when: (a) You sign a release form authorizing me to disclose information to a given person, agency, or institution, (b) It is clear and present that you intend to do harm to yourself or somebody else, (c) There is evidence or reasonable suspicion of abuse and/or neglect of someone related to you who is a minor child, elderly, or disabled adult, (d) I receive a court order directing me to disclose information pertaining to your treatment.

Anyone else who needs access to your records will need your consent. Verbal authorization will not be sufficient, except in emergency situations. I cannot disclose any information outside the treatment context without a written authorization from each person competent to surrender this privilege. You may refuse to sign such a waiver, but this can potentially hurt your ability to receive treatment or its outcome.

Use of Diagnoses – A diagnosis is important for treatment planning, record keeping, and to indicate medical necessity as required by some insurance carriers to reimburse for services. If a qualifying DSM 5-TR/ICD 11 diagnosis is indicated, it will become part of your permanent records with your health insurance company. I will inform you before submitting documents to your health insurance company or third parties. Please understand that some insurance plans do not cover behavioral health treatment and that certain conditions do not qualify for insurance reimbursement.

Satisfaction - It is impossible to guarantee any specific results regarding your treatment because the outcome depends on your work as well as mine. Together, however, we will work to achieve the best possible results. If you are unhappy with any aspect of your treatment, please let me know immediately.

Follow Up: I may conduct follow-up calls three to six months after your treatment ends or your involvement with the agency is discontinued. The purpose of these calls is to discuss whether the gains made during your treatment have been maintained or

receive feedback regarding your experience with our agency. You can choose to opt out of these calls.

Page 2

WILMINGTON 28411
— MENTAL HEALTH — Tel 910-777-5575 Fax
Wilmington Mental Health 3825 910-777-5273
Market St., Ste 4 Wilmington, NC info@wmhwc.com

Termination – Both the length and intensity of your treatment will determine when it is appropriate to end our therapeutic relationship. Your progress and readiness to move away from therapy, as well as the effectiveness of treatment can facilitate this process. Situations where I notice a lack of commitment or there is an unresolved conflict/impasse may prompt my decision to discontinue services. However, I will not do so without first discussing my decision with you and exploring possible solutions. I can provide you with a list of qualified therapists in the area that can potentially work with you.

Questions or Complaints - I encourage you to discuss any concerns with me personally. If you believe you have been treated unfairly or unethically in the therapy process and cannot resolve the problem with me, you may file a complaint against me to: The North Carolina Board of Licensed Clinical Mental Health Counselors. P.O. Box 77819, Greensboro, NC 2741. Telephone: 844-622-3572 or 336-217-6007 • Fax: 336-217-945 • Email: complaints@ncblcmhc.org

Please review the American Counseling Association Code of Ethics for more information about my professional responsibilities.

Acceptance of Terms – By signing below you agree to the terms and guidelines of this statement and acknowledge that you have been given an opportunity to discuss it prior to committing to treatment.

X _____ X _____ /____/____ X _____ /____/____ Patient
Name/Representative Signature Date Date

"Words have a magical power; they can bring either the greatest happiness or deepest despair"
Sigmund Freud