

Stacy Tarantino, LCMHCA, NCC
Professional Disclosure Statement

The information listed below is intended to inform you (the client) about my (the counselor) education and professional background, as well as describe aspects of our therapeutic relationship. Please read carefully and feel free to ask any questions you may have.

Education Qualifications

I am a Licensed Clinical Mental Health Care Associate (A-19889) and Nationally Certified Counselor (1376384669). Currently, I am under the supervision of Dr. John Nance, LCMHC. In 2023 I received a Master's Degree in Counseling from the University of North Carolina Charlotte and passed my Licensure Exam in the same year. I received a Bachelor's Degree in 1999 in English Literature from Queens College in Charlotte, NC. More recently, I have certifications in Women's Mental Health, Trauma and EMDR.

Counseling Background, Philosophy, and Approach

I have three years of counseling experience. My counseling work was with Hospice and primarily focused on grief, loss, depression, and anxiety. My experience has expanded to include a certificate as a Trauma Professional, and EMDR training. My area of knowledge and experience spans a multitude of diagnosis and behavioral concerns.

My approach to counseling is person-centered. Some techniques I integrate are Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), EMDR, Rational Emotive Behavioral Therapy (REBT), solution focused and existential therapy. Some integrated techniques from MI assess client motivation to change and address any ambivalence, REBT to help address negative, faulty or irrational thoughts and self-talk messages. Incorporating Existential Therapy helps externalize problems and issues and redefine meaning and purpose. In essence, this approach strives to balance mindful awareness, a genuine and empathetic relationship, and a collaborative effort at identifying what changes a client can make to minimize emotional, mental and behavioral disturbances and pushes for positive change and congruency.

My role is to assist you in reaching whatever goals you have for yourself by providing nonjudgemental support and helping to facilitate your journey, whatever form it may take. I will strive to empower and assist you in expanding healthy awareness, rather than dole out advice. Although our sessions may be very intimate emotionally and psychologically, please understand that ours is a professional relationship rather than a social one. Maintaining professional boundaries for both the client and counselor is a vital component in the therapeutic relationship. I will uphold those boundaries in order to ensure an appropriate therapeutic relationship and a positive therapeutic outcome.

Length of Sessions and Service Fees

Sessions begin on the hour and last for 45-50 minutes. The duration of counseling varies widely among clients depending on their needs and preferences. You may choose to

terminate counseling at any time; however, I strongly suggest that we have a final session together once you have decided to terminate so that I am best able to help you prepare for the transition and process the conclusion of our work together.

Fees

Intake/initial consultation - \$150.00

Individual Counseling Session - \$75/hour

Due to the time commitment I make to you, if you fail to attend a session without giving at least 24 hours' notice, you will be charged \$50. For individuals without insurance, we can discuss a sliding fee scale upon request. I currently accept cash, check, electronic transfer and credit/debit cards.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require a diagnosis of a mental health condition, indicating you must have a "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, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis will become part of your permanent insurance record and may have ramifications in terms of cost of insurance and long-term insurability.

Confidentiality

All of our communication becomes part of the clinical record. However, confidentiality is required in order to promote a safe and therapeutic environment. I cannot and will not disclose any information from our sessions without your permission aside from the following exceptions:

1. Serious and foreseeable risk to self and/or others
2. Any report of child or elder abuse or neglect
3. Court order
4. You direct me, in writing, to disclose information to someone else

With the exceptions listed above, you have the absolute right to the confidentiality of your counseling. I will always act to protect your privacy, even if you do release me to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke this permission (in writing) at any time.

Complaint Procedures

If you ever have a complaint or become dissatisfied with our work together, I encourage you to discuss these concerns with me without fear of recrimination, as this could be a valuable conversation in our working relationship. I will address such issues seriously, and with care and respect. However, if you feel I am in violation of any of the American Counseling Association's code of ethics, you may also file a complaint against me with my licensing body (listed below)

<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>

North Carolina Board of Licensed Clinical Mental Health Counselors
Post Office Box 77819
Greensboro, NC. 27417
844-622-3572 or 336-217-6007
Email: complaints@ncblpc.org

Acceptance of Terms

My signature indicates that I have read this statement, allotted sufficient time to be sure that it was carefully considered, afforded the opportunity to ask any questions, or voice comprehension. I agree to this statement's provisions. I understand the limits of confidentiality required by law. I understand my rights and responsibilities as a client and my counselor's responsibilities to me. I acknowledge that I have access to a copy of this consent at any given time.

Client Signature

Date

Counselor Signature

Date