

LCMHC Professional Disclosure Statement

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My Qualifications

This Professional Disclosure Statement is designed to inform you about my background, the types of services I offer at the Counseling Center at Concord, policies, and fees. Please read this statement thoroughly and contact me either by email or phone (listed above) if you have any questions or concerns.

I completed my graduate degree in Clinical Mental Health Counseling from the University of North Carolina - Charlotte (UNCC) in August 2017. In November 2017 I became licensed by the North Carolina Board of Licensed Professional Counselors (now known as the North Carolina Board of Licensed Clinical Mental Health Counselors) and certified by the National Board for Certified Counselors to begin providing counseling services under supervision. As of November 2021, I have earned a full and unrestricted license as a Licensed Clinical Mental Health Counselor by fulfilling the requirements of completing over 3,000 observation hours and over 100 hours of supervision. I have professional experience providing inpatient/acute care and outpatient counseling services to individuals and their families.

Before attending UNCC, I completed a bachelor's degree in Psychology- Counseling, Clinical, Research from Liberty University in December 2014. As part of my degree program, I completed an undergraduate internship at UnityPoint- Lutheran Hospital where I observed and worked in the Child/Adolescent Inpatient and Intensive Outpatient Units, Adult Inpatient and Intensive Outpatient Units, and Access Center within the emergency department.

Counseling Background

I have researched, obtained counseling experience, and received training and supervision in working with clients from the ages of 3 into adulthood. I have specifically taken courses and work experiences to be competent in working with the adolescent and emerging adulthood population (ages 13 through 22). In 2021, I completed DBT Skills Training and introductory Internal Family Systems (IFS) training to implement tenets of these theories into practice. I have experience working with clients on concerns involving anxiety, depression, emotion regulation, negative self-esteem, identity concerns (including spiritual identity and concerns), trauma, crisis management, parenting, life adjustment, behavior modification, coping skills.

Within the counseling session I provide evidence-based Child-Centered Play Therapy (CCPT) for children, talk therapy for adolescents and/or adults, and can integrate creative approaches/interventions for adolescents and/or adults as desired and appropriate. My perspective is grounded in the core conditions of Cognitive-Behavioral Theory (CBT) and I can integrate Choice Theory, DBT, IFS, and Existential Theory as appropriate. It is my firm belief that each person is a unique individual, and that different techniques and conceptualizations may be needed to work with each client effectively. This means that sessions may include music, art, creative writing, play, or role-playing techniques to gain insight and different perspectives into concerns. I have had introductory courses in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Psychological First Aid but do not provide services grounded in these theories.

Benefits and Risks of Counseling

The therapeutic process involves both benefits and risks. The desired outcome of counseling is to promote healing, but the results depend on many factors that cannot be guaranteed. There are possible risks, such as uncomfortable levels of sadness, anger, guilt, anxiety, painful memories, or difficulty in relationships that may occur as you engage in the therapeutic process. Your perseverance through the counseling process may help you to realize the benefits and goals that you seek to attain. The benefits of counseling can include decreased severity and/or frequency of distressing emotions/emotional responses, more effective

communication, coping skill acquisition and implementation, greater satisfaction and meaning in relationships with others and self, and greater levels of insight into one's life and functioning.

Counseling can last anywhere from a few weeks or sessions to several months, or years, depending on the complexity of the concern(s) which are being addressed. Most people remain in counseling until they have learned better or more effective methods of managing their difficulties and the thoughts, feelings, and actions related to them. Occasionally, counselors may, for your benefit, elect to discontinue therapy based on factors that are interfering with your ability to work together for progress. Should this take place, I will discuss the issue with you and assist you in finding qualified help elsewhere, if appropriate and desired.

If you have questions regarding the counseling process, about me, about my qualifications, or any other issue not provided in this disclosure statement, please feel free to discuss them with me. You may also choose to work with me on a process of termination as you feel you are achieving your counseling goals or for any other reasons you deem as necessary. You are free to withdraw from counseling at any time without any prejudice to you. If at any time you feel you have been treated by me in an unethical manner you may also report your concerns to the state board of Licensed Clinical Mental Health Counselors. (See "Complaints" section for further details.)

Session Fees and Length of Service

Talk sessions last a therapeutic hour, which is 53 minutes, and initial intakes can last up to one hour and 30 minutes. Child sessions utilizing play therapy last 30 minutes and the remaining time left within the therapeutic hour can be used to talk with the parents and/or parent and child. In general, a therapeutic hour session costs \$125 and initial intakes cost \$135. Any additional phone, email, or documentation time (outside of basic record keeping) will be billed at \$125 per hour after the first 10 minutes. Payment is due at time of service with cash, check, or credit card held on file. However, based on an individual client's need, this fee may not be sustainable. In those cases, I will provide consultation with each client in order to determine a fee using subsidy when the need is present.

When I schedule a time with you it is reserved exclusively for you. For our mutual benefit, any changes or cancellations to session day, time, or length need to be communicated at least 24 hours in advance to accommodate your request. If a change is requested with less than 24 hours notice, I cannot guarantee that I will have the opportunity to review your request or availability to make the change. Your options will be to either keep the established time or cancel the session. If a session is canceled with less than 24 hours notice this will be considered a "late cancellation" and a fee will be charged. There is a 10 minute grace period before a session is considered missed or forfeited ("no show"). If you arrive more than 10 minutes after your session time, I cannot guarantee that I will be able to facilitate our scheduled session. (Partial sessions are not an option.)

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 before they will agree to cover services and/or 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 and answer your questions and/or concerns before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your health record.

Confidentiality

Our professional confidentiality extends to our communication but that means that it becomes part of the clinical record. This record is available upon request. However, there are limitations to this confidentiality: (a) if you direct me, confirmed in writing, to disclose information to a given party, (b) if it is determined that you are either a danger to yourself or others (this includes child and/or elder abuse), or (c) if I am court ordered to release or disclose information.

Dual Relationships

It is very important for me to maintain and protect a professional relationship with clients and, in the case of minors, their families. I seek to build appropriate, positive relationships with clients in order to be an effective counselor. For this reason, relationships do not extend outside of the counseling office and I do not engage with clients or former clients on any social media platform.

Working with Minors

All parents and legal guardians have the right to participate in the counseling process of a minor. It is best practice to do so and I encourage it for the mutual benefit of the minor and family. In circumstances where the parents are divorced I will request a copy of the most recent custody agreement for clinical records. Confidentiality does extend to the minor, except in circumstances where: (a) The minor is evaluated to be a danger to themselves or others. (b) The minor is believed to be the victim of abuse or the minor reports such abuse. (c) A court order or other legal proceeding or statute requires disclosure. (d) Your insurance company requires information in order to pay claims. In practice, this means the parent/guardian can contact me to discuss questions, issues, concerns, or topics related to the minor and I will disclose and/or review information that is in the minor's best interest. It is my priority to create and maintain a safe and therapeutic relationship with the minor. If a request to disclose specific information may jeopardize this relationship I will discuss it with you.

I do not participate in any court proceedings to establish child custody. I am not a certified child custody investigator nor evaluator and cannot provide a professional opinion regarding these matters.

Complaints

Should you wish to file a complaint against me or another Licensed Clinical Mental Health Counselor in North Carolina, you may do so by placing that complaint in writing and sending it to the NCBLCMHC. According to the American Counseling Association's Ethical Guidelines, you should attempt to resolve your complaint with me or the counselor directly. If this is not successful, you may place your concerns in writing, citing the ACA ethical code you believe to have been broken, and submit along with a completed NCBLCMHC Complaint Form to the Board (<https://ncblpc.org/Complaints>). The Board will assign your complaint a number so no names will be known to anyone but the Board attorney, administrator, and ethics chair. Once the complaint has been received, notification is sent to the counselor against which the complaint was filed allowing me or the counselor to respond to the alleged charges. If necessary, the Board will investigate the complaint and issue a ruling after gathering all necessary information. Investigations will not be made unless complaints are in writing and signed by the complainant.

North Carolina Board of Licensed Clinical Mental Health Counselors

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