



PROFESSIONAL DISCLOSURE STATEMENT
Jenny Kirwin, MSW, LCSW, LCAS, CCS

Counseling Center of Concord

MY QUALIFICATIONS: This document is designed to inform you about my professional background and to ensure that you understand my role as your counselor. I received my Masters in Social Work with a concentration in Alcohol & Other Drugs in 1997 from the University at Buffalo SCHOOL of SOCIAL WORK and Bachelors in Human Services & Psychology in 1993 from the University at Buffalo. Licensed in the State of North Carolina as a Licensed Clinical Social Worker #C003793 & Licensed Clinical Addictions Specialist #880 & Certified Clinical Supervisor #342

Assessment/Evaluation Process & Treatment Interventions: A Comprehensive Clinical Assessment will be completed at the time of the initial session. If requesting Substance Abuse services, the initial assessment may include the use of a screening tool (MAST or SASSI) as well as a breathalyzer and urine drug test. Sometime a collateral interview may be recommended to verify the sobriety which will be needed to report to the state.

Mental Health Services are offered to treat Depression, Anxiety and Mood Disorders. I offer Cognitive-Behavioral Therapy as well as Insight-Oriented Therapy and Solution-focused Treatment.

When working with substance abuse clients I primarily use a motivational interviewing approach. I have found that this perspective fits well with my view of addiction and my conceptualization of how people can make long-term, effective change in their lives. Working together with clients dealing with their substance use allows for them to have greater autonomy in the change process, resulting in an empowerment and internalization of change.

FEE STRUCTURE: FEES, PAYMENT POLICY, AND CANCELLATION POLICY

DWI Assessment are \$100 fee set by the state. Group treatment fees vary depending on the number of treatment hours you are recommended to complete. Individual Counseling sessions will be available. The fee for the initial visit is \$140.00, and each subsequent session is \$130.00. Payment is due when services are rendered in the form of cash or check. If I am a provider for your insurance company, you will be asked to pay your co-pay at the time of your visit, and we will file your insurance claim.

Please note that a fee will be charged for appointments cancelled without a 24-hour notice, as this appointment time has been reserved exclusively for you.

ETHICAL GUIDELINES: As a member of NASW and as a Licensed Clinical Addictions Specialist with the NCSAPPB, I follow the ethical codes for each of these organizations.

THE BENEFITS And RISKS OF TREATMENT: As with any powerful intervention, there are both benefits and risks associated with participating in Mental Health or Substance Abuse Assessments and Treatment. Risks may include feeling strong anxiety about being evaluated or experiencing



uncomfortable levels of feelings such as anger, guilt, sadness when working through your own issues which might affect your abilities to successfully make lifestyles changes and relationship improvements. Also, accepting feedback and following through with recommendations/suggestions in treatment even if you are hesitant to do so. If you are willing to take these risks, I believe that the benefits of personal growth will far outweigh the fleeting discomfort.

If you have questions regarding the counseling process, about me or my qualifications, or any other issue not provided, 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 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 or disrespectful manner you may also report your concerns to the state board of social workers by following the instructions at this website:

<https://www.socialworkers.org/nasw/ethics/unethicalconduct.asp>

CONFIDENTIALITY: I regard the information you share with great respect, so I want us to be clear about how it will be handled. I will not share anything outside of our session without a signed consent unless I am ethically and or legally required to do so. The following situations apply:

1. Danger to yourself or others. If you threaten to harm yourself or someone else, or to commit a felony, I am bound by law to take the necessary actions to protect the involved persons from physical harm. This includes an obligation to warn any person who may be harmed by your behavior.
2. Child or elder abuse. If I have reason to believe that a child or an elderly person is being abused or neglected by you or a family member, I am obligated by law to report that to the department of social services.
3. Litigation and legal proceedings. If you are involved in any court case or legal proceedings, I may be required by the court to testify about your counseling regardless of whether you give your permission.

Client: _____ Date: _____

Jenny Kirwin, MSW, LCSW, LCAS-#880, CCS-#342: _____