

Brian Dugdale, MA, LCMHC
Professional Disclosure Statement

License and Degree: I currently hold a Master of Arts in Counseling from Reformed Theological Seminary in Orlando, FL obtained in 2011. I hold a license as a Licensed Clinical Mental Health Counselor in the state of North Carolina as LCMHC#10005

Experience and Populations Served: I have over 13 years of direct experience counseling a wide range of clientele. I have been trained to provide individual, group, family, and couples therapy. I have provided therapy to children, adolescents, and adults.

Approach to Counseling: My over all approach to counseling is relationally based therapy. However, I am trained in and currently pull from several different methods as I am aware of how unique each individual is. Some models I utilize more often include Rogerian, Object Relations, and Experiential.

Sessions and Fees: Sessions are 53 minutes long and are assumed on a weekly basis unless otherwise discussed. The fee for individual, couples, and family counseling is \$125 per session (unless otherwise negotiated). Please notify me of any need to cancel a session at least 24 hours in advance. With the exception of emergency or illness, you the client will be responsible for paying for your scheduled session. Payments are to be made at each session by cash, check, or credit card. A Comprehensive Clinical Assessment is \$150.

Insurance and Diagnosis: I currently paneled with several insurances. I will provide a receipt of services rendered with each session; which you can choose to turn into your specific insurance provider. With some clients, it will be important to identify a diagnosis. This diagnosis will become a part of your counseling records.

Confidentiality: You have certain rights that protect your confidentiality. I am honored to meet with you and I hold your story and confidentiality with the utmost respect. As well, I am bound by ethical standards to keep that confidentiality with only a few exceptions. By law, I am bound to break confidentiality if you indicate a plan to harm yourself or someone else; if you or anyone else reports abuse of a child or vulnerable adult; and finally if client information is court ordered.

Grievances: If you believe I have acted in an unethical manner, please inform me. If this does not satisfactory; you may send grievances to the NC Board of Licensed Clinical Mental Health Counselors PO Box 77819 Greensboro, NC 27417 336-217-6007

Client Signature _____

Date _____

Counselor Signature

Date