

# Rosario Counseling & Associates

Joy C. Tanner, MA, LPCA

809 Spring Forest Road, Suite 1000  
Raleigh, NC 27609  
(919) 649-5882

Psychological Testing  
Adult, Adolescent, and  
Child Counseling

---

## Professional Disclosure Statement

Thank you for considering the counseling services that I provide. Counseling is a personal interaction that deems careful contemplation. The following information is designed to provide pertinent details to ensure that you know what to expect from counseling and our therapeutic relationship.

I received a Master of Arts in Professional Counseling from Liberty University in 2011, and I am a Licensed Professional Counselor Associate in the state of North Carolina. I am currently working under the supervision of Robin K. Rosario, MA, LPCS. I am also a member of the American Counseling Association, the American Association of Christian Counselors, and the Association for Play Therapy. I offer individual counseling services for children, adolescents, adults, families, and couples.

### Theoretical Counseling Approach

*Client initials* \_\_\_\_\_

I take an integrated approach to counseling that provides Biblical truth with carefully tested principles of psychology. I believe that problems have psychological, biological, emotional, social, and spiritual dimensions. I utilize cognitive-behavioral, dialectical behavioral, rational emotive, and reality therapy approaches. These are well-established, researched, and respected therapies. Most significantly, when used in conjunction with Biblical truth, these methods have been proven to restore both psychological and spiritual health. I believe that irrational thoughts often lead to irrational feelings and behaviors much more than the actual environment or situation that we have placed ourselves in. Simply stated, if we can change the way we think, we can feel better—even if the situation itself remains the same.

To begin the therapeutic process we will establish goals and set specific strategies for attaining those goals. Progress will be evaluated and, if necessary, we will modify your treatment plan, goals, and strategies. Your active involvement in and out of therapy sessions is essential to maximize the benefits of therapy. You may be asked to complete homework assignments, exercises, or journals. Occasionally rapid changes occur, but more often progress is gradual. Effort may need to be repeated. Please not that you will be given a diagnosis which will become a permanent part of your records. Diagnoses provide a universal language for communication with insurance companies and treatment providers.

### Confidentiality

*Client initials* \_\_\_\_\_

Information given to me and records from our sessions will be held in strict confidence. There are a few circumstances in which legally and/or ethically I cannot guarantee confidentiality: indication of child or elder abuse, intent to harm oneself or others, or a court order to release client information. Otherwise, client information will only be released with your consent and a signed "Consent Form for Release of Client Information."

### Dual Relationships

*Client initials* \_\_\_\_\_

Therapy sessions may be deeply personally psychologically and emotionally; however, keep in mind that we have a professional relationship rather than a social one. You will be best served if our relationship remains professional and if our sessions concentrate strictly on your concerns.

Scheduling Appointments, Cancellations, and Length of Sessions

Client initials \_\_\_\_\_

Counseling appointments are scheduled in advance. I will make every effort to see you as soon as possible. The length of a counseling session is 45 minutes. When calling to cancel or reschedule, please advise the office at least 24 hours in advance. We maintain a 24 hour, 7 day a week voicemail, thus messages will suffice if you leave the time and date of your cancellation. If the office does not receive advance notice, you may be responsible for paying for the missed appointment.

Fees and Methods of Payment

Client initials \_\_\_\_\_

I provide counseling services for a fee of \$90 per session. If telephone counseling is necessary the fee for 5 to 30 minutes is 530. 31 to 45 minutes is \$90. When appropriate I may suggest psychological evaluation instruments, at which time I will notify you regarding these additional fees. Credit/debit, benefit cards, cash, or personal checks are acceptable methods of payment at check-in of each session. Upon request, the office will provide a receipt for fees paid.

Billing and Insurance Reimbursement

Client initials \_\_\_\_\_

Because I have not yet been licensed by the North Carolina Board of Licensed Professional Counselors, neither insurance companies nor employee assistance programs may be billed for my services. Therefore I offer services at a significantly reduced rate.

Emergency Protocol

Client initials \_\_\_\_\_

In the event of a life-threatening emergency you should immediately call 9-1-1. If you need to speak with a mental health professional while our office is closed, please contact Holly Hill Hospital at (919) 250-7000.

Complaint Procedures

Client initials \_\_\_\_\_

If you are dissatisfied with any aspect of my work, please inform me immediately. This communication will make our work together more efficient and effective. If you think you have been treated unfairly or unethically and cannot resolve this problem with me directly, you may contact my supervisor, Robin Rosario, MA, LPCS at 919-649-5882 and the North Carolina Board of Licensed Professional Counselors via phone (919-661-0820) or mail (PO Box 1369, Garner, NC 27529).

Client/Counselor Agreement

Please sign and date this form, indicating that you understand and accept the terms of this disclosure statement. I will make a copy for my records and return the original to you. If you have any questions or concerns, please ask for clarification prior to signing this document.

\_\_\_\_\_

Client's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Counselor's Signature

\_\_\_\_\_

Date