

**Rosario Counseling & Associates**  
**Angela S. Mills, M.A. LPC**  
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Raleigh, NC 27609-9700s  
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**Professional Disclosure Statement**

**Introduction**

I am pleased that you are considering selecting me as your counselor. 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 Christian Counseling from Gordon-Conwell Theological Seminary-Charlotte in May 2004 and a Bachelor of Arts in Public Health from the University of North Carolina at Chapel Hill in August 1997. I am licensed by the North Carolina Board of Licensed Professional Counselors (License # 5517), and I am supervised by Robin K. Rosario, M.A., LPC. I have been gaining experience in counseling in a professional setting since October 2003. Prior to obtaining my counseling degree, I worked full-time for 3 years in youth and young adult ministry in Ireland and full-time for 2 ½ years as a teen director for the YMCA. I counsel adolescents, adults, parents & teens, and young couples for marital or pre-marital counseling.

**Counseling Services/Theoretical Approaches**

Here are some aspects of counseling and therapy as I see and practice it.

As a trained mental health professional, I seek to provide quality counseling in the context of Biblical truth. I believe that problems have psychological, social, biological, and spiritual dimensions. In holding to Biblical truth, much of what I do is derived from cognitive-behavioral, family systems, rational emotive, and reality therapy approaches. These are well established, researched, and respected therapies. The emphasis of these approaches is on interpersonal conflicts, psychological development, immediate and extended family relationships, and habitual thought and behavior patterns.

Counseling includes your active involvement as well as efforts to change your thoughts, feelings, and behaviors. You will have to work both in and out of the counseling sessions. I may ask you to complete homework assignments, exercises, writing, and perhaps other projects. Most likely you will have to work on relationships and make long-term efforts. Sometimes change will be instant and swift, but more often it will be slow and deliberate. You may experience uncomfortable levels of feelings such as sadness, guilt, anxiety, anger, or frustration, or having difficulties with other people. We will evaluate your progress and if necessary, redesign your treatment plan, goals, and methods.

I do not take on clients whom, in my professional opinion, cannot be helped using the approach and skills I have available. I will enter our relationship with optimism and an eagerness to work with you.

**Confidentiality**

Information given to me and my records from our sessions will be held in strict confidence. State law and my profession's ethical principles protect this confidentiality with few exceptions. The circumstances which I cannot guarantee confidentiality, legally and/or ethically are as follows: intent to commit homicide or suicide, suspicion or signs of child/elder person abuse and intent to break the law. In rare instances, a judge can order Professional Counselors to release information. Otherwise, client information will only be released with your consent and usually a signed "Consent Form for Release of Client information."

**Explanation of Dual Relationships**

Although our sessions may be very personal psychologically and emotionally, it is important for you to keep in mind that we have a professional relationship rather than a social one. You will be best served if our relationship stays strictly professional and if our sessions concentrate strictly on your concerns. You will learn a great deal about me as we work together, but it is important for you to remember that you are experiencing me in my professional role.

**Scheduling Appointments/Cancellations and Length of Sessions**

Counseling appointments must be scheduled in advance. I will make every effort to see you as soon as possible. Most appointments last 45 to 50 minutes. When calling to cancel or reschedule, please advise the office at least 24 hours in advance. I maintain a 24 hour, 7 day a week voice mail thus messages will suffice if you leave the time and date of your cancellation. If I do not receive advance notice, you may be responsible for paying for the missed appointment.

**Fees and Methods of Payment**

I provide counseling services for a fee of \$90.00 per session. If telephone counseling is necessary the fee for 5 to 30 minutes is \$50.00, 31 to 50 minutes is \$90.00. In proven financial hardship, I can arrange for a fee adjustment. When appropriate I may suggest psychological evaluation instruments. I post these fees in my office. Credit/debit/benefit cards, cash, or personal checks are acceptable payment at check-in of each session, and my office will provide a receipt for fees paid upon request.

**Billing and Insurance Reimbursement**

Feel free to seek reimbursement for my services from your insurance company or employee assistance program. Your insurance company may or may not defray the cost of counseling. You need to contact a plan representative at your company to determine whether your company will reimburse you and the schedule of reimbursement used. I will complete any forms related to your reimbursement; however, I prefer that you pay the full amount at check-in of each session and the reimbursement be returned directly to you. If this is a problem, please inform me at our initial session, so my office can arrange for billing. Please remember that you are responsible and not your company, attorney, or adjunct service provider for paying the fees agreed upon.

Insurance companies and employee assistance programs often require that I diagnose your mental health condition and indicate that you have an "illness" before they will agree to reimburse you. I will inform you of this diagnosis. Any diagnosis made becomes a part of your insurance record.

**Complaint Procedures**

If you are dissatisfied with any aspect of our work, please inform me immediately. This communication will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, and cannot resolve this problem with me, you can contact the North Carolina Board of Licensed Professional Counselors, P.O. Box 1369, Garner, NC 27529.

**Client/Counselor Agreement**

Please sign and date this form, indicating you understand and accept the content herein. After I copy it, for my records, I will return it to you. If you have any questions or concerns regarding the professional disclosure statement please ask prior to signing this document

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_