

**Professional Disclosure Statement**  
**For**  
**Heidi S. Birkner, M.A., LPC, LCAS**

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I received a master's degree in counseling from Appalachian State University in August, 1998. I have been a professional counselor since 1998. I have successfully met the professional counseling standards established by the North Carolina Board of Licensed Professional Counselors (North Carolina Licensed Professional Counselor # 3595) and the National Board for Certified Counselors (National Certified Counselor # 53069). I have also met professional standards established by the North Carolina Substance Abuse Professional Practice Board (Licensed Clinical Addictions Specialist # 1048) and the National Board for Certified Counselors with certification as a Master Addictions Counselor (# 53069).

**COUNSELING SERVICES OFFERED/THEORETICAL APPROACHES**

Counseling is a process by which we work together to identify and work on any issues you bring to our sessions. My approach to counseling involves helping you to identify strengths within yourself and develop self-awareness. My therapeutic approach is eclectic typically blending “Adlerian Therapy” developed by Alfred Adler, “Cognitive Therapy” developed by Aaron Beck, “Reality Therapy” developed by William Glasser, and “Strategic Family Therapy” developed by Jay Haley. I also may use some expressive arts techniques such as writing, clay, music, or art during our sessions. These therapies are well established, researched, and respected within the profession. You are encouraged to become knowledgeable about goals, methods, and effectiveness. Should you ever have reservations regarding counseling or any specific interventions, or feel you are not progressing as you wish, it is important to discuss your concerns with me. The counseling theory or model we use needs to be acceptable to you. One of the important steps in counseling is establishing your goals for counseling. Along with your goals, the counseling plan will include the methods for achieving your goals, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. Before going further, I expect us to agree on a plan to which we will both adhere. Periodically, we will evaluate our progress and, if necessary, redesign our counseling plan, goals, and methods.

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. There are no instant, painless, or passive cures. Instead there will be homework assignments, exercises, writing and journals, and perhaps other projects. Most likely, you will have to work on relationships and make long-term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate; effort may need to be repeated. As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage from dissolution). I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping adults and adolescents with personal growth, substance abuse, and family issues. I also have experience working with children, adolescents, and adults with mood disorders and behavioral issues. I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available. I voluntarily participate in peer supervision to ensure best practice techniques. Any cases reviewed in such supervision are kept confidential by changing names and any other identifying information.

**CONFIDENTIALITY**

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and my profession's ethical principles, in all but a few circumstances. There are two circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) when I believe you intend to harm yourself or another person; and, (2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances Professional Counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and usually a signed Release of Information Form.

EXPLANATION OF DUAL RELATIONSHIPS

Our relationship will be professional, not personal. Contact will be limited to only counseling sessions. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

LENGTH OF SESSIONS

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-60 minutes in duration. We will schedule our sessions for our mutual agreement. If you are unable to keep an appointment, please call the office to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for paying for the session that you missed. Please understand that missed appointments cannot be billed to insurance. If seen through an Employee Assistance Program, a late cancellation or missed appointment may count as one of your sessions. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

FEES/METHODS OF PAYMENT

In return for a fee of \$150 for evaluation and \$125 per counseling session, I agree to provide counseling services for you. Cash or personal checks are acceptable for payment at the time services are rendered. I can accept some insurance plans such as Aetna, Blue Cross Blue Shield of N.C., Magellan, Managed Health Care Administration, MedCost, Medicaid, NC Healthchoice, Tricare, ValueOptions, and Wellpoint. You will be responsible for deductibles and co-payments according to your insurance plan at the time services are rendered. Claims will be filed by my office. I am also a provider for some Employee Assistance Program plans. Please contact my office with any questions regarding EAP plans or insurance.

CONTACT INFORMATION

My office number is (336) 288-0588. Please contact me with any questions or concerns. If you are experiencing an emergency, you may reach my pager by calling (336) 314-3141 and pressing 5. If you are in crisis and need immediate assistance, please go to the nearest Emergency Room. I thank you for this opportunity to serve you and look forward to helping you obtain your desired treatment goals.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC 27529, (919) 661-0820 for clarification of clients' rights as I've explained them or even to lodge a complaint. Should you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you and I will retain a copy in my confidential records.

CONSENT FOR TREATMENT

I voluntarily give my consent for evaluation and counseling services to be provided by Heidi Birkner. I understand that I may withdraw myself (or the client) at any time from treatment and refuse any treatment offered.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_