

MARILYN WOLF, M.Ed., LPC, LCAS

Brassfield Center for Psychotherapy & Personal Development

2012 New Garden Road, Suite E

Greensboro NC 27410

Phone: 336-288-0588 / Fax: 336-288-0517

www.brassfieldpsychotherapy.com

PROFESSIONAL DISCLOSURE AND AGREEMENT FORM

Dear Sir or Madame:

I am pleased you are considering or have chosen me for psychotherapy. I have prepared this information to inform you about me as a psychotherapist and about my practice as well as clarifying certain issues regarding our relationship. Please read it carefully, ask any questions or voice any concerns, and if you agree with the conditions as stated, sign and date the form at the bottom. Also, if you would like a copy of this form, please let me know.

Thank you for allowing me the opportunity to work with you and serve you in this way.

Marilyn Wolf

Credentials

M.Ed. in Counseling, University of North Carolina at Greensboro, 1987

NC Licensed Professional Counselor - LPC #2242

NC Licensed Clinical Addictions Specialist - LCAS #146

National Certified Counselor - NCC #21339

Honors: Distinguished Practitioner Award, 2002 - University of North Carolina of Greensboro

Experience: I began my work in the mental health field in 1988 as a Needs Assessment Counselor at Charter Hospital. From August 1989 through December 1996, I served as the Director of Counseling at High Point University. After that, I returned to Charter Hospital and worked in the following programs: the Outpatient Clinic, an Intensive Day Program, and the Chemical Dependency Intensive Outpatient Program. I have been in private practice since 1997.

Populations Served: My work is with adults (age 18 and up) in individual and couples therapy.

Theoretical Orientation: My work with individuals and couples is drawn from insight oriented, cognitive-behavioral, family systems, developmental, and mind-body-spirit models.

Guiding Philosophy: My work is based upon the belief that most individuals who seek psychotherapy are motivated by a deep desire to be fully integrated and autonomous individuals and to have healthy relationships. My role is to help my clients find the inner strengths and gifts they already possess, to develop new ones, to access resources, and to utilize all of these to make needed and desired change.

General Information

1. Office Hours: Mondays & Thursdays: 2:00- 6:00 pm. / Tuesdays & Wednesdays: 9:00 am - 6:00 pm.

2. Appointments: Clients are seen by appointment only. Appointments can be made either by phone or in person but must be made **directly with me**.

3. Fees: The fee for an individual or couples therapy session is \$115.00.

4. Payment: A full insurance co-pay or a payment of no less than \$50.00 is expected at every session.

Payment can be made using either a personal check, cash, or credit/debit card.

5. Cancellations: To cancel an appointment, please give 24 hours notice. **Otherwise, the full fee for that session may be billed** to the client's account. If cancellation occurs due to unavoidable circumstances, then please discuss this matter with me.

6. No Shows: If a client fails to show up for a scheduled appointment, the policy for late cancellations stated in #5 applies. If I have not heard from the client, my policy is to wait at least 20 minutes at which time, I reserve the right to cancel the appointment or leave my office.

7. Insurance: I will file claims with insurance for the client.

8. Length of Sessions: Individual therapy sessions typically last 50 minutes. **As I handle all my own finances and schedule my own appointments, please be aware that our sessions need to end around 10 minutes till the hour so I may take care of this business part of our relationship. Your cooperation with this will be greatly appreciated.**

Use of Diagnosis

If a client is using insurance, it is typically necessary for a diagnosis to be given in order for claims to be serviced. I use The Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition (DSM IV) for this. This diagnosis may become part of the client's insurance records.

Confidentiality

I adhere to the Code of Ethics and Standards of Practice of the North Carolina Board of Licensed Professional Counselors (NCBLPC). This means the information you share with me is held in strict confidence unless you or your legally assigned representative give me written permission. However, I must release confidential information under the following circumstances:

1. I believe you are abusing a child or an elderly person.
2. I believe you intend to harm yourself or another person.
3. I am court ordered by a judge or subpoena.
4. I believe you suffer from a disease known to be both communicable and fatal and are not taking steps to protect yourself and others.

It is not uncommon for me to seek consultation with peers about my work. When doing so, your identity remains strictly confidential.

To File a Concern or Complaint

It is the client's right to contact the proper authorities if he/she has any concerns regarding me and my practice. In order to do this, the client would need to contact the following organization:

North Carolina Board of Licensed Professional Counselors
605 Poole Drive
Garner, North Carolina 27529
919-661-0820

I/we have read this information, understand, and agree with the conditions as outlined. I understand that this form is not a substitute for the required HIPAA release form which must be signed before treatment can begin.

Signature(s) _____

Date _____