

MARILYN WOLF, M.Ed., LPC, LCAS
Full Circle Counseling and Consulting

Brassfield Center for Psychotherapy & Personal Development
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PROFESSIONAL DISCLOSURE AND AGREEMENT FORM

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.

Theoretical Orientation: The models for my work are Sacred Psychology and Transpersonal Psychology as well as insight oriented, family systems, developmental, and mind-body-spirit models.

Credentials

M.Ed., Counseling; University of North Carolina Greensboro, 1987
Graduate studies, Institute of Transpersonal Psychology - External Division, 1996-1997
Currently enrolled in the *Servant Leadership Certificate Program* at Holy Trinity Episcopal Church, Greensboro NC

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 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 21 and up.

General Information

- 1. Office Hours:** Mondays, Tuesdays & Thursdays
- 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 a session is \$115.00.
- 4. Payment:** 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.

7. Insurance: My policy is for clients to pay me and then file their own insurance claim for reimbursement. I will provide a receipt and, if needed, assist with filling out claim forms. If requested, I will also provide a statement of services to be used for tax purposes (i.e., healthcare not covered by insurance for counseling clients or business deduction for consulting clients).

8. Length of Sessions: Individual therapy sessions typically last 50-55 minutes but longer sessions are available upon request. The fee for a longer session is pro-rated at \$115/hour.

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 permanent 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 _____