**Professional Disclosure Statement**

**Sydne Stone, LPC, NCC, AAMFT Clinical Fellow**

Sydne Stone Counseling, PLLC

52 Walnut Street, Suite 10, Waynesville, NC 28786

(205) 837-3406

Introduction

Thank you for choosing me to be your counselor. This document will provide you with some basic information about the counseling process and about me.

I earned a Master of Science Degree in Counseling and Guidance from the University of Wisconsin-Whitewater in 1985 and am a Licensed Professional Counselor (LPC) North Carolina (#14235) and in Alabama (license # 1150). I am a National Board Certified Counselor (# 669231). I am also a Clinical Fellow of The American Association for Marriage and Family Therapy, earned in 1992. Additionally, I earned a Masters Degree in Education in 1998 from the University of Montevallo.

I have been working as a Counselor and Marriage and Family Therapist since 1985. My experience is varied, having worked in Employee Assistance at the University level, Private Practice, Mental Health Centers, inpatient and outpatient Psychiatric and Substance Abuse treatment centers, and with K-12 schools.

I love working with couples who want to learn more effective and meaningful ways to connect, and with individuals around life stage changes and personal empowerment. My orientation is humanistic and family systems, however, I have a fairly eclectic style of therapy. I use several approaches including EMDR, experiential and cognitive approaches, emotionally focused, Gottman and Imago oriented, trauma healing and solution focused therapies.

Fee Schedule and Payments

Sessions last roughly 60 minutes and are $100-. I accept cash, checks and major credit cards. I have two packages which are paid in full, upfront, but reduce the fee for each session.

4 Sessions: $350- ($87.50 each)

6 Sessions: $500- ($83.33 each)

I can offer a sliding scale in certain cases. Please bring this up with me ahead of time so that we can discuss this and agree on the amount before we begin working. We will record the agreed upon amount on this form, and I will ask you to sign that.

I am a provider for Blue Cross & Blue Shield of North Carolina and United Healthcare of North Carolina. I am considered an “out of network” provider for other insurance companies. You will need to check with your insurance company as to what benefits might be available to you for my services. You are responsible for the full fee payment regardless of your insurance company’s “usual and customary rates.” I will file insurance claims for you, if you prefer. Regardless of your payment form, I am happy to provide you an invoice for our sessions. *Please be aware that this will include a diagnosis, which will become part of your permanent medical record.*

Confidentiality

Any and all information that you disclose to me in our sessions together, and the written records I keep pertaining to those sessions, is confidential. This means that no information about our sessions or about you may be revealed to anyone without your written permission, except where disclosure is required by law. It is understood that couples and families who are in therapy together will have joint records, as we are working as a group. Should disclosure of records be requested for couples of families who worked together in therapy, each person involved would need to give permission.

Exceptions to my keeping information confidential include: (a) you direct me in writing to disclose information to someone else, (b) there is reason to believe you are a danger to yourself or others (including child or elder abuse), or (c) I am court ordered to disclose information. I am obligated to report possible abuse or neglect of a child or elder to the Department of Social Services. If any of these conditions arise in which is it necessary for me to release confidential information about you, I will try to inform you of this in advance.

Social Media

I do not friend or contact requests from current or former client on any social media or social networking site (Facebook, Linkedin, Twitter, etc.) Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please discuss them with me. If there are things from your online life that you wish to share with me, please bring them into session where we can view and explore them together during the therapy session.

Consultation

I do consult and do peer supervision with other professionals regarding my counseling cases. However, clients’ identities remain completely anonymous, and confidentiality is maintained.

Counselor Availability and Emergency Procedures

If you need to contact me, please call my cell phone number, (205) 837-3406. I will typically return you call within 24 business hours, if I am in town. If your call is urgent, please say so in the message, and always leave your number in the message.

In the event of a medical emergency or emergency involving a threat to your safety or the safety of others, please call **911** or go to the nearest Hospital Emergency Room. You can also call the 24 hour Crisis Hotline by dialing **211** or the 24 hour suicide hotline at **988.**

**Informed Consent to Treatment**

The therapy process, like healing in general, comes with no guarantee of a “cure.” What I can guarantee you is my commitment to treating you with respect and care, and that I will offer you my best support and therapeutic relationship.

Your signature below indicates that you have read this agreement for services carefully, and that you understand and agree to the consent of this agreement. Please address any questions or concerns you have about this information with me before you sign.

We agree to these terms and will abide by these guidelines.

Client Name (print) Agreed upon hourly fee

Client Signature Counselor

*Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics* (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors   
P.O. Box 77819

Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)