**Professional Disclosure Statement for Allison W. Lints, MEd, NCC, LCMHC, LPC**

104-D Waxhaw Professional Park Dr, Waxhaw, NC 28173
Phone: 980-758-0536
Email: allison.w.lints@gmail.com
NC License Number: 15168
SC License Number: LPC.10224 PC
Practice License Number: PC15621

Thank you for choosing me as your counseling service provider. This document has been created to advise you about my background and to ensure that you understand our therapeutic relationship.

**Qualifications**

The highest degree I have obtained is a Master of Education in Counseling and Development with a concentration in Clinical Mental Health Counseling. This degree is from Winthrop University and was received on May 2, 2019. I also have a Bachelor of Arts in History from Clemson University in South Carolina, which I received in 2016. I completed the Red Cross Psychological First Aid training in 2019. I am trained through the advanced level of Somatic Experiencing (SE) via Somatic Experiencing International. SE is a trauma-informed approach to therapy. Additionally, I have completed the first clinical training in couples therapy via the Gottman model.

**Counseling Background**

I have been providing counseling services since spring 2018. I have experience working with anxiety and depression disorders at all ages. I have experience working with PTSD and CPTSD. I have provided Child-Centered Play Therapy Sessions (CCPT) for children. The primary modalities I have used are ACT (acceptance and commitment therapy), Somatic Experiencing (SE), and Experiential techniques. Combining the modalities of ACT and SE allowed clients and me to work together to identify values, defuse from negative inner experiences and commit to creating a more sustainable and value-driven life through sensations, images, behaviors, emotions, and meanings. I also have experience in the following areas:

- Group counseling
- Cognitive-behavioral therapy
- Dialectical behavioral therapy
- Couples therapy
- Personality Disorders
- Trauma-and Stressor-Related Disorders
- Neurodevelopment Disorders
- Psychotic Disorders
- Dissociative Disorders
- Gender Dysphoria
- Substance-Related Disorders
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**Counseling Services Offered/Theoretical Approaches**

To fully benefit from counseling services, it is critical for you to actively participate in and out of sessions. Following each session, you may receive a homework assignment that will further your self-growth. This includes but is not limited to writing assignments, relaxation exercises, an

outing to achieve a specific goal, etc. When exploring difficult emotions and or subjects you may feel worse before you feel better; We will collaborate and find coping strategies that work best for you during these times.

My therapeutic approach is integrated and largely based on Reality Therapy developed by William Glasser, PhD. This approach focuses more on the human condition of suffering and less on pathology. Reality therapy encourages you to acknowledge your ability to respond to experiences and to make value-oriented choices. The second approach to therapy I may utilize is Somatic Experiencing (SE). SE is a trauma-focused approach created by Peter Levine, PhD. SE utilizes nervous system regulation and the release of somatically stored trauma through sensation, images, behaviors, emotions, and meanings. Finally, I am likely to employ experiential techniques in our sessions. Experiential Therapy is an approach to counseling that utilizes tools, activities, art, role-plays, music, and, possibly outings. A common way to think about Experiential Therapy is to think of it as the interventions we use in our sessions. You control the final decision on which approach is most fitting to aid you in accomplishing your goals.

Together we will define concerns, goals, strategies, risks, benefits, and the time commitment involved with treatment to maximize the effectiveness of therapy. Throughout treatment, we will revisit these subjects and evaluate what is or is not working to measure progress. If needed we will reconstruct areas with little to no progress and modify goals.

When executing therapeutic interventions there are both benefits and risks. Risks might include intense and uncomfortable emotions such as sadness, hurt, anxiety, anger, confusion, overwhelm, and vulnerability. We will attend to these experiences as they materialize.

My practice attends to those who are suffering from “Big T” traumas and developmental trauma. Big T traumas include but are not limited to accidents, surgeries, assaults, and neglect. Developmental trauma can materialize as depression, anxiety, negative body image, general, cultural & relational stress, difficulties with adjustment, and personality disorders. If a problem presents outside of my scope of practice, I will make an appropriate referral. Lastly, as the client, you can decide to seek a second opinion from another mental health provider or may terminate therapy at any time.

**Session Fees and Length of Service**

All payments are due before the beginning of a session. Acceptable methods of payment for self-pay clients include cash, check, Venmo, or card via the Headway portal. You must understand if you choose to use the Venmo app confidentiality cannot be guaranteed due to user error and possible privacy breaches on the Venmo app. Self-pay clients can choose to file for out-of-network benefits on their own if I am not paneled with their insurance company and if their insurance company has out-of-network benefits for mental or behavioral health. I can provide clients with a super-bill upon request. Individual intake counseling sessions will be scheduled for 50-60 minutes. Couples and Family intake sessions will last 90 minutes. Individual counseling sessions will be scheduled for 50-60 minutes. Couples and Family sessions will last 90 minutes. Consultations will be scheduled for 15 minutes.
Individual intake sessions are priced at USD 210.00
Couples and family intake sessions are priced at USD 290.00
Individual sessions are priced at USD 135.00

Couples and family sessions are priced at USD 205.00
Consultations are priced at USD 45.00
Paper Work Fee is USD 50.00
*insurance rates may vary from the above. By going through insurance, you are agreeing to their fees and not the fees above. I use Headway to manage my billing and admin work so that I can place all of my focus on our work together. Headway manages everything related to payments and insurance to make things as easy as possible for you. Insurances that I accept through Headway-Oscar Health, Blue Cross and Blue Shield of North Carolina, United Healthcare, Oxford, Cigna, Aetna, and Blue Cross Blue Shield of Massachusetts

**Cancellation Policy**
My professional time for your session is set aside specifically for you. If you do not show up for your scheduled therapy appointment, and you have not notified me at least 48 hours in advance, you will be responsible for the full cost of the missed session, except in cases of emergency. Emergency cancellations require a doctors note or sufficient evidence of the emergency that occurred to waive the cancellation fee. If a self-pay client goes without paying for either three sessions, no-shows, or late cancellations the counselor has the right to terminate counseling services or float the client. A floating client will not have a recurring appointment time but will schedule sessions on an as-needed basis if there is availability in the counselor's schedule. The same is true for clients who file with insurance. Please note that I cannot bill insurance for no show and late cancellation. Insurance clients are required to self-pay no-show and late cancellation fees. If payment is not made in 30 days and a plan is not agreed upon, I will not be able to schedule you until the balance has been paid.

**Use of Diagnoses**
Some health insurance companies reimburse clients for counseling services and some will not. Additionally, most insurance companies require a diagnosis of a mental health condition and indicate that you must have an "illness" before they will agree to reimburse you. There are some conditions for which people seek counseling that does not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis *only if knowledge of the diagnosis will not cause you harm* before I add the diagnosis to your record for you to submit to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

**Confidentiality**
Information relayed in session is completely confidential unless you tell me or I believe that you intend to harm yourself or another, if a child, elder, or dependent adult has or will be neglected and or abused or if I am court-ordered to relay confidential information. The information disclosed to me will be regarded with respect and protected by the American Counseling Association's ethics and state law. This includes any records that I keep on our sessions. All of our communication becomes part of the clinical record, which is accessible to you upon request.

You must understand that I may consult with other mental health professionals about our sessions and my performance as a licensed clinical mental health counselor (LCMHC). For other mental health professionals to give me adequate feedback on my counseling skills I may utilize video or voice recordings of our sessions. I may also consult on your situation. I will conceal your identifying information for confidentiality and privacy purposes.

**Complaints**

If you are displeased with any aspect of our work, please notify me as soon as possible. This will make our work together more productive. Nonetheless, you have the option to file a complaint with the North Carolina Board of Licensed Clinical Mental Health Counselors should you feel that I violated the ACA codes of ethics. I have provided a link to the ACA code of ethics and listed the North Carolina Board of Licensed Professional Counselors' contact information for your convince.

ACA Code of Ethics
(http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

North Carolina Board of Licensed Clinical Mental Health 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

**Acceptance of Terms and Conditions**

I have read the preceding information and understand my rights as a client or as the client's responsible party.

_____
Print Client's Name

_____ _____
Client's or Responsible Party's Signature Date

If signed by Responsible Party, please state relationship to client and authority to consent:

_____

_____ _____
Counselor's Signature Date