PROFESSIONAL DISCLOSURE STATEMENT

**Patricia E. Cone, MA, LCMHC, #10613**

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In an effort to serve you more efficiently and to help us establish a trusting relationship, I have found that an understanding of my qualifications, services and theoretical orientation prior to your first session will answer many of your questions. My purpose as a counselor is to help you find an efficient, effective and empowering way to grow through the struggles you may be having while making movement towards a richer, fuller and healthier life.

**Qualifications**

I received a Masters of Arts in Counseling from Grace Theological Seminary in 1989. I have been a professional practicing counselor, since 1989, first with a counseling group and since 1995 in my own practice as a Licensed Mental Health Counselor in Florida. I am currently licensed in North Carolina as an LCMHC, Licensed Clinical Mental Health Counselor. I have been practicing EMDR since 2005 and became Certified EMDR Therapist in 2012.

**Counseling Background and Approach**

The theoretical base of my work with you is eclectic, drawing from the concepts of these therapies: cognitive behavioral, psychodynamic, reality therapy and family systems. These concepts are integrated with faith-based theories influenced by the writings of Dr. Larry Crabb and Dr. Dan Allender. I use Francine Shapiro breakthrough work of EMDR and Bert Hellinger work in Family Constellations. This is not a complete list but includes some of my mentors and the representatives of the approaches that I use. We will look at your whole life not just the immediate problem, as there are often patterns and dynamics in relationships that give perspective. My approach includes understanding your issues and relationships, your family system, your spiritual life, and how all of this relates to your physical, emotional, and psychological wellbeing.

I see individuals and couples for relational and personal issues, such as; depression, anxiety, marital conflict, addictions, sexual abuse, post-abortion issues and other disturbing life events. Group therapy is also a part of my services. In working with disturbing life events, I am certified to use EMDR.

I love what I do and am passionate about walking with people through their shame, pain, and fear into a place of hope. I often say that it may get worse before it gets better as some of the issues may evoke uncomfortable feelings. You can expect to work inside and outside of the counseling room. Change is seldom quick and easy; therefore, your consistent and ongoing effort will be very necessary.

**Session Fees and Length of Service**

The fee for the initial diagnostic evaluation is $150.00, the ongoing counseling fee is $100 for 45-minute sessions and $150.00 for an hour. The charge for each session will be due at the beginning of each appointment. The method of payment is cash, checks or credit cards unless you are using insurance, then see below.

If it is necessary to cancel an appointment,please do so **24 hours prior to your scheduled appointment.** This allows me to fill your reserved time with another client and provide a suitable time for your rescheduled appointment. If I do not receive this advance notice, then the regular hourly fee will be charged to your account and noted to your insurance company if applicable.

**Insurance and Use of Diagnosis**

As a courtesy I will complete your insurance claim forms monthly and mail them to your insurance company and to you. Most health insurance policies will reimburse clients for our services, but some do not. All insurance policies have different deductibles and pay different percentages of the counseling fee. You should contact a representative from your insurance company to determine the specific coverage of your policy. I am **in-network** with Medcost and Blue Cross Blue Shield. If you have another insurance, when you speak with your insurance company, **ask about coverage for a Licensed Clinical Mental Health Counselor, who is out-of-network.** If you wish to seek reimbursement on your own, you can file by attaching the super-bill receipt to the bottom portion of your claim form.

In addition, all insurance companies will require a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit it to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

**Confidentiality**

I am committed to keep anything you say to me in our counseling relationship confidential. The following are exceptions: (a) You direct me to inform an insurance company or any other agency about your counseling. (b) I determine that your actions may pose a danger to yourself or to others. (c) I am ordered to do so by the courts. (d) The reporting of child or elder abuse as required by North Carolina Law. e) Professional counselors interact about issues with clients in order to guarantee quality of service. Therefore, consultation with other professionals is possible, yet your identity would be withheld.

**Complaints**

If you are dissatisfied with any portion of our work, please inform me immediately. Part of therapy is working out solutions in a safe environment. 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 Clinical Mental Health Counselors   
PO Box 77819, Greensboro. NC 27417   
Phone: 844-622-3572 - Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

**Consent to Counseling**

* I understand if I have further questions, I can ask my therapist.
* I understand and agree to the services being provided in this counseling office.
* I understand the counseling policy on confidentiality and the exception to confidentiality.
* I understand my role as a client is to be honest, be willing to explore options and goals, be punctual and commit to my attendance.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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