

**LINDA J. HUNT
RN, MS, LPC**

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I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to insure that you understand our professional relationship.

I hold a Master's Degree in Child Development and Family Relations which I received in 1978. I have been a Professional Counselor since 1987. I am also a Licensed Professional Counselor in North Carolina (#2065) and a Registered Nurse (#096661).

COUNSELING SERVICES OFFERED/THEORETICAL APPROACHES

People can make better decisions if they have enough information and understanding about how something works. Here are some aspects of counseling and therapy as I practice it:

In my practice, I believe that in the process of counseling your active involvement is an important component in changing your behavior, thoughts and feelings. There are no instant "cures" or "magic pills" to eliminate your problems. There may be homework assignments, exercises, journal writing and perhaps other projects. Most likely you will have to work on relationships and make long-term changes. Sometimes change happens quickly and easily, but more often it will be slow and deliberate.

My approach to counseling is an eclectic one-that is, I draw on a variety of therapies and therapeutic techniques that I feel will be helpful to you. I will talk to you about these approaches as we discuss your issues. And together we will develop a plan for your treatment. I do believe our past strongly influences our present actions and that it is often, although not always, important to talk about the past and uncover feelings we have about past events.

Treatment planning will be an important part of our work together. We will need to specify the goals, focus, methods and benefits of treatment. In addition we will discuss the approximate time commitment involved, costs and other aspects of your particular situation. Periodically, we will evaluate your progress and, if necessary, redesign your treatment plan goals and methods.

As with any other powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feeling like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems like a worsening of your problems or even losses (for example, counseling will not necessarily keep a marriage intact).

Clients I work with are psychologically and emotionally “healthy” and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available. I will enter our relationship with optimism and an eagerness to work with you.

CONFIDENTIALITY

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations and my records are a privilege of yours and are protected by state law and my profession’s ethical principles, in all but a few circumstances. There are two circumstances in which I cannot guarantee confidentiality, legally and/or ethically: 1) when I believe you intend to harm yourself or another person; and, 2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances, Professional Counselors can be ordered by a Judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and usually a signed Release of Information Form.

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you arrange with me. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

LENGTH OF SESSION

Sessions are typically 60 minutes in duration. We will schedule our sessions for our mutual agreement. If you are unable to keep an appointment please call to cancel or reschedule at least 24 hours in advance. If I do not receive such a notice, you will be responsible for payment (\$125.00) for the session that you missed.

FEES/METHODS OF PAYMENT/INSURANCE REIMBURSEMENT

In return for a fee of \$155.00 for a 90minute Initial Session or \$125.00 for a 60minute Initial Session and \$125.00 per session thereafter, I agree to provide counseling services for you.

You will need to pay for each session at the conclusion of the session unless prior arrangements have been made regarding insurance payments. I accept cash, check and credit card for payment. I am on a number of insurance panels and will file insurance for you in most cases. Together, we can discuss the particulars of your insurance during your first visit and come up with a satisfactory plan. You should also know that Health Insurance companies require that I diagnose your mental health condition before reimbursement is made. Please be advised that this diagnosis **will become a part of your permanent insurance record.**

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work together, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the North Carolina Board of Licensed Professional Counselors at P.O Box 77819, Greensboro, North Carolina 27417, (800) 622-3572, for clarification of clients' rights as I've explained them or even to lodge a complaint.

If you have any questions, please ask me. Please sign and date this form. I will give you and copy and keep a copy in your confidential record.

Client

Date

Linda J. Hunt

Date