

Danisha Reed, LPC, ACS
Serving Atlantic County
609-447-2419

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Organization Profile

Name of Organization:	
Address:	
Phone:	
Email:	
Administrative Contact:	
Name:	
Phone:	
Email:	
Population you wish to provide counseling for (Circle all tha	at apply):
ALL/ANY Children Adolescents Adults Couples Parents Fam	ily

Is there a specific counseling need you are interested in addressing? I.e substance abuse, grief, trauma, divorce, abuse, etc.	
Please specify:	
Briefly describe how you presently address your community's mental and emotional needs. List any internal and external resources. Also, please list you strengths and challenges.	
Confidentiality: To release information without the consent of the client, would violate commonly accepted codes of counseling ethics. Thus, a release of authorization would need to be completed to discuss the client's treatment with anyone other than themselves. Please note all client files need to be double locked at your location, providing the key Only to licensed clinician. The licensed clinician will be the only one who has access to those files.	
Limits to Confidentiality: If the client is a threat to him/her self or others (showing suicidal or homicidal intent), the therapist may need to report these statements and/ or behaviors to family, or other appropriate mental health professionals or law enforcement professionals in order to keep the client and others safe. There is a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, reporting is not mandatory unless there are minors still living with the abuser, who may be in danger. Elder abuse is also required to be reported to the appropriate authorities.	
I Understand and will Adhere to Confidentiality	
X	