# LCMHCA Professional Disclosure Statement

This document contains important information. Please review and retain this information for future reference.

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#### **Education and Qualifications**

I, Wanda Kellyman, am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I hold a Master of Science in Rehabilitation Counseling from Winston Salem State University (2017). I also have a Graduate Certificate in Family Life Education and Coaching from North Carolina State University (2020), Rehabilitation Counseling from University of Kentucky (2013) and a Master of Arts in Special Education from University of Phoenix (2006). I have successfully met the standards established by the National Board for Certified Counselors (NCC 1138626) and I am a Clinical Mental Health Counselor Associate (A15671) in the state of North Carolina. I am under the supervision of Dr. Vivian Barnette, PhD., ABPP (Licensed Psychologist 3104).

## **Background**

After graduating from High Point University in 2003, I worked as a Special Education teacher on an emergency and lateral entry license until 2006 when I graduated from University of Phoenix with a master's in special education. I have obtained and held a Special Education license in the state of North Carolina since 2006. During my teaching career, I have worked with children in self-contained classes that focused on cognitive and behavioral health initiatives as well as adolescences with disabilities working towards transitioning from secondary to employment or post-secondary education.

In 2011, I transitioned from teaching to working with adults with disabilities. I have worked as a Disability Advisor, Counselor and Coordinator at community colleges located in Guilford, Durham, and Wake County. I currently work as the Director of Accessibility Resources at a 4-year university. I work with individuals with cognitive, physical, psychological, and psychiatric disabilities as well as those needing assistance with reasonable accommodations for medical diagnosis.

I enjoy working with adolescents, adults, couples, and families. I view every client as unique. I believe in a collaborative approach while working with clients and will help each client develop their own individual counseling goals and plans to achieve those goals. I believe that counseling should provide a safe and productive place to share, and I will work to make each counseling experience empowering.

There is not one counseling approach or theory that works for every client and for this reason I take a holistic approach to working with clients. I honor my clients' values and beliefs and strive to incorporate their spirituality into the counseling process at their request. I will adjust counseling techniques to help best meet the needs of each individual client. I do align myself with following theoretical approaches: I will at times assign homework that is designed to help improve and reinforce work towards achieving counseling goals.

#### **Session Fees and Length of Service**

Individual sessions are 50 minutes in length unless we agree together to have an extended session. The fee for an initial session, lasting 75 minutes, is \$125. Each session thereafter is \$95. The cost for group sessions is \$35 per person.

Clients are asked to pay for sessions at the time of service. A sliding scale is available on a case-by-case basis. Checks are accepted, but payments may also be paid online using a credit /debit card or in person. A 3% transaction fee will be applied to credit card payments.

Appointments can be cancelled or rescheduled if the client provide 24-hour notice of this cancellation. If 24-hour notice is not given, a \$35 fee will be due at the next appointment or one week after the cancellation. If you fail to cancel appointments within a 24-hour period on 3 or more occasions, Empowerment Oasis, PLLC reserves the right to discharge you as a client. A discussion will occur, or a warning letter will be sent prior to.

#### **Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that 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 the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### Confidentiality

All our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

## **Complaints**

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 (<a href="http://www.counseling.org/Resources/aca-code-of-ethics.pdf">http://www.counseling.org/Resources/aca-code-of-ethics.pdf</a>).

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@ncblcmhc.org

#### **Acceptance of Terms**

We agree to these terms	and will abide by thes	e guidelines. Please	e sign and date	e for counseling
services to be provided b	y Wanda C. Kellyman.			

Client:	Date:	_
Counselor:	Date:	_

**Please Note:** The client can withdraw at any time and refuse any treatment offered.