

***Balanced Choices, PLLC***  
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***Welcome!***

For the past eight years, I have had the pleasure of helping children, individuals, and families. For me, it is most gratifying to help others make positive changes in their lives. I believe that life is about choices and part of my job is to guide people and to help them see the balanced choice that they can make in their own lives. I thank you for giving me the opportunity to help you on this positive journey.

***My Background***

I hold a Master degree in Clinical Psychology and a specialization in Child and Adolescent Therapy and Sport Psychology. I received this degree from John F. Kennedy University – Orinda, California in 1996. I am licensed as a Marriage Family Therapist in the states of California and North Carolina, License numbers CA-39135, NC-963. I am also licensed as a Professional Counselor, License #4390. In addition to these licenses, I am also a Nationally Certified Counselor, Certificate #86410 and a Child Specialist Coach in the Lake Norman Collaborative Divorce Group.

I have been practicing counseling since 1994. For two years I was a counselor at John F. Kennedy’s counseling center working with children, adolescents, individuals, and families. From 1996-1998, I worked at a residential treatment facility, counseling individuals and adolescents who were diagnosed with depression, anxiety, and schizophrenia. From 1998-2001, I worked for Full Circle Counseling Center, providing counseling to the schools. I also had my private practice in San Rafael, Ca. In August 2001, I moved from California to North Carolina where I worked for Cannon School and started my private practice in Concord and Davidson. In 2005, I decided to move my private practice work to Davidson. Currently I am living in Ireland and am able to continue working with clients in the United States via webcam and telephone sessions.

***Services Offered***

At this time my practice is focused on work with children, adolescents, families as well as individuals and couples. Some of the kinds of problems I see in my practice include depression, anxiety, post-traumatic stress, behavior disorders, and ADD/ADHD. In addition, I work with people who are dealing with adjusting to major changes in their lives such as a loss of a loved one, chronic illness, divorce, or other major life events.

The most important thing about our work together is for us to develop a trusting relationship. You need to be comfortable working with me to accomplish your goals. I use a variety of different methods and techniques in psychology, among them are Cognitive-Behavioral, Sand Tray, Play Therapy, and Art Therapy. In general, Cognitive-Behavioral methods teach that the way you feel is related to what you think and how you act. Through Cognitive-Behavioral techniques you will learn that you can change the way you feel by changing your thoughts and your actions. Sand Tray, Play Therapy, and Art Therapy are methods I use mainly with children and adolescents. Occasionally I will do Sand Tray and Art Therapy with adults. These methods help to bring the unconscious to the conscious. Another method that I use to help clients is Parent-Child Interaction Therapy. This therapy is a positive and intensive treatment program designed to help both parents and children. The program works with both parents and children together to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage their child’s behavioral problems. When working as a Child Specialist Coach on Collaborative Divorce cases, I use many of the methods I just mentioned to help me gather information from your child so that you and your husband together can make good decisions that will help your child through the divorce process. Through our work together we will work to identify changes and choices you can make to help yourself, your family, or your child. Your progress in counseling depends on the work you put into carrying through with your balanced choice.

### Financial Issues

Unfortunately due to the rising incident of non-payment of insurance claims or longevity of such payments, I do not process insurance claims unless you are insured by BlueCross/BlueShield. If you are not insured by BlueCross/BlueShield, it is your responsibility to check with your insurance to find out if you have coverage for out of network providers, what your deductible per year is, the number of visits permitted per year, and the amount that they will pay per visit. Full payment is needed at the time of your visit. It will be up to you to follow through with getting reimbursed by the insurance company. I will be available to provide you any needed information, at your release, to your insurance company upon their request to facilitate payment. If you are filing an insurance claim for my services I will be required to provide the insurance company with a diagnosis. I will discuss this with you in advance and will answer any questions you might have. This diagnosis becomes part of your medical record. Your insurance company will need to know the type of treatment and dates of treatment you receive from me. Some people with insurance choose to pay all costs out of pocket so that their insurance isn't involved, for confidentiality reasons. That is fine too.

The following is my fee structure:

Initial Session	\$130.00/1 hour
Individual Psychotherapy	\$100.00/50 minutes
Couples Psychotherapy	\$120.00/50 minutes
Family Psychotherapy	\$130.00/50 minutes
Group Psychotherapy	\$60.00/50 minutes
Phone Consultations	\$25.00/15 minutes
Crisis Calls for Established Patients	Free/15 minutes (\$25.00/after first 15 minutes/15 minutes)
Case Management (Parent Coord., Atty's, etc..)	\$25.00/15 minutes
Depositions/Court Appearance	\$50.00/15 minutes

Coaching:

Accelerated Program (4 sessions per month)	\$500
Basic Program (2 sessions per month)	\$300

*Please ask about discounts for six month prepaid coaching programs.*

*\*\*You will be charged the full session fee for any missed counseling appointments unless you cancel 24 hours prior to the scheduled appointment time.*

*I accept check, cash, or money orders.*

*Payment is due at the time of service. If you are insured by BlueCross BlueShield you are only responsible for your deductible, coinsurance, and/or copayment at the time of service. However, if BlueCross BlueShield denies your claim you will be responsible for the full service fee. If you are not insured by BlueCross BlueShield you are responsible for the full fee at the time of service.*

*For children and adolescents, payment is expected from the parent bringing the child/adolescent to the session. In the case of separated or divorced parents, it is the parents' responsibility to work with each other regarding any reimbursement one parent may owe the other parent.*

### Risks and Benefits of Counseling

As with any powerful treatment, there are some risks as well as many benefits with counseling. You should think about both the benefits and risks when making any treatment decisions. For example, in counseling there is a risk clients will have for a time, uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives.

While you consider these risks, you should know also that the benefits of counseling have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In counseling, people have a change to talk things out fully until their feelings are relieved or their problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become

clearer. They may grow in many directions – as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I will enter our relationship with optimism about our progress and encourage you to do the same.

**Confidentiality**

I am bound legally and ethically to maintain the highest degree of confidentiality. The limits of confidentiality involve cases in which I must report to the proper authorities (and/or to the intended victim) any serious threat of harm to yourself, another person, or to property.

In cases of suspected child abuse or dependent adult abuse, I am legally bound to make a confidential report to the proper authorities. If such a report is deemed appropriate, it will be carried out in a professional manner. Other limits of confidentiality involve situations where you sue someone or are being sued or are charged with a crime, I may be ordered to show the court my records. Please consult your lawyer about these issues. At times during the course of treatment I may present your case to other therapists, with identity hidden, in an effort to provide you with the highest quality care. Other than these few exceptions, all records and information pertaining to you will be kept confidential. I will provide you with an opportunity to sign a release of information to collaborate/coordinate treatment with other professionals who have provided care for you. The purpose of such is to provide continuity of care.

During the course of treatment, I may recommend certain kinds of treatment, including those that would require provision by another professional. If I should do this it is your responsibility for the possible outcomes stemming from your decision. These outcomes include my right as a therapist to end therapy if I feel professional limited/unable to provide your needed care and you refuse to allow for intervention by the appropriate professional.

**Ethical Concerns and Complaint Procedures**

The time spent in counseling is to benefit you. If during the course of counseling, your experience is not consistent with your expectations, please speak to me. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist or counselor, has treated you unfairly, please tell me. You may also contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC 27529.

When the end of your counseling experience seems appropriate, I will discuss this with you in advance. Should you wish to end your counseling at any time, it is expected that you discuss this with me during a session prior to your ending session.

I look forward to working with you and providing you with the highest quality professional service.

\_\_\_\_\_ Your initials here give me permission to leave a message on your home/work/cell  
(circle all that apply) telephone number.

\_\_\_\_\_ Your initials here give me permission to correspond with you via the following email address:

\_\_\_\_\_ Your initials here give me permission to thank the person who referred you to my practice.

\_\_\_\_\_ Your initials here indicate that you understand your sessions will be conducted via telephone and/or webcam. Generally webcam sessions are conducted with an individual, unless it is deemed that family sessions will be more productive. Your initials indicate that you understand it is your responsibility to provide a private setting for webcam sessions. Furthermore, your initials indicate that you understand that although every safeguard is taken when using phone or internet technology to conduct a session, privacy, due to unforeseen technological limitations, cannot be absolutely guaranteed.

I, on this date, \_\_\_\_\_ / \_\_\_\_\_  
Client's Signature/Parent or Guardian's Signature Date

Understand and accept the above contingencies for my treatment (my son/daughter's treatment or my families treatment) and authorize/agree to receive treatment from the above therapist at this time. Further, the above therapist has explained her fee structure, provisions of treatment, and we agree on a set fee. I understand that this authorization is binding until such time that treatment is discontinued.

\_\_\_\_\_  
Therapist's Signature/Date