

Michael W. Nuckolls, LPC, NCC
Counseling Disclosure Statement

Counseling Credentials and Background

Bachelor of Arts, University of North Carolina-Chapel Hill, May 1992
Master of Divinity, Campbell University, May 2003
Master of Arts in Counseling, Wake Forest University, May 2007
National Certified Counselor (227039), National Board of Certified Counselors, November 2007
North Carolina Licensed Professional Counselor (LPC #8354), December 2010

Client Population and Services Offered

I have been counseling adults, children, and families who are experiencing difficulties affecting their behavior, thoughts, and feelings for seven years. Therapy methods are always centered on the client's needs, strengths, and personality and may include cognitive-behavioral (which target thought and behavior responses to certain events), existential (which foster meaning in life), and solution-focused (which identify and replicate instances when problems are not occurring) therapies.

Counseling Sessions/Fees for Services

Counseling sessions are 50-60 minutes with a fee of \$100.00 due at each session or billable to your health insurance following my participation as an approved provider and your plan's payment guidelines. Cash, check, and credit/debit cards are accepted. Clients are responsible for any fees not reimbursed by insurance plans unless adjusted by agreement with the insurer. After the first session and periodically afterward, we will discuss the frequency and number of sessions that I anticipate therapy will involve.

Diagnosis

In order to provide appropriate counseling services, a diagnosis may be necessary. Mental health diagnoses will be made according to criteria found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and will become a permanent part of your healthcare record.

Confidentiality

Any discussions in a counseling relationship are confidential and will not be shared with others except under certain circumstances. Notes or records related to counseling will be maintained in a secure area. Exceptions to confidentiality may include:

- If the counselor believes the client poses a danger to himself/herself or to others, including the spread of contagious or life-threatening disease;
- If the counselor believes that abuse, neglect, or the endangerment of a child, elder, or another person has or may occur;
- If the counselor is ordered by a judge to share information, or;
- If the client or parent grant the counselor written permission to share information.

Benefits and Risks

By working with me clients may understand and better apply behaviors, thoughts, and feelings to choose positive behaviors, perform better in school or work, feel better about themselves and their future, and have better relationships. Counseling may also bring up feelings of anxiety, nervousness, sadness, or fear due to the nature of discussing challenges and exploring problems. If these or other uncomfortable feelings arise, please let me know so that we may address them.

Registering Complaints

If at any time you are disappointed or concerned with my counseling performance or the practices employed, please contact me to discuss your concerns. If we are unable to resolve issues together and you have ethical concerns, formal complaints may be directed to the North Carolina Board of Licensed Professional Counselors in writing by filing a complaint form available, along with filing guidelines, at <http://www.ncblpc.org>. You may also contact the Board at P.O. Box 77819 Greensboro, NC 27417, Phone: (336) 217-6007.

I have read and understand the above counseling disclosure statement.

Client

Parent/Guardian (if applicable)

Date

Counselor

Date