

At the Heart of the Matter Counseling

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Mandatory Disclosure Information

Welcome to my practice. I look forward to working with you! This document contains important information about client rights and regulations. The following information is mandated to be provided to clients by the State of North Carolina. Please let me know if you have any questions or require more information.

1. My educational background and licensure is as follows:
 - Licensed Professional Counselor with the NC Board of Licensed Professional Counselors
License information: (LPC #9877)
 - Liberty University, Master of Arts, Professional Counseling 2012
2. The practice of licensed or registered persons in the field of Licensed Professional Counseling is regulated by the North Carolina Board of Licensed Professional Counselors (NCBLPC). The NCBLPC can be reached at P.O. Box 77819 Greensboro, NC 27417. Phone: 336-217-6007. Email: LPCinfo@ncblpc.org
3. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.
4. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality. There exist certain conditions where disclosure may be required by law: (1) If you report the intent to harm yourself, someone else, or their property. (2) If you reveal information about suspected child, elder, or dependent adult abuse. If a legal exception arises during therapy, if feasible, you will be informed accordingly.
5. My fee for the initial intake appointment is \$100 per 1 hour and 15 minutes. The ongoing session fee is \$85 per 50 minute session. I do offer sliding scale on a limited basis based on income and need. In addition to regular appointments, I charge this amount for other professional services you may need. I do not work directly with insurance companies, but may provide you with a receipt for services if you wish to seek your own insurance reimbursement if offered. Payment is due at the time of service unless we specifically make other arrangements.
6. I will not voluntarily participate in any litigation, or custody dispute in which a client or client's representative, and another individual, or entity, are parties. I have a policy of no communication

with a client's or client representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. I will generally not provide records or testimony unless compelled to do so.

7. I am often not immediately available by telephone. In addition to my private practice, I have other clinical responsibilities at other locations. When I am unavailable, please leave a message on my voicemail system that I monitor frequently. I will make every effort to return your call as soon as possible, typically within 24 hours with the exceptions of weekends and holidays. I am unable to provide 24-hour crisis service. In case of emergency please contact a Crisis Hotline (1.844.493.TALK) or go to the nearest emergency room.

Your signature below indicates that you have read the preceding information, it has also been provided verbally, and you understand your rights and terms during our professional relationship. By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement/Consent. Moreover, you agree to hold the therapist, Tammy Shingleton, free and harmless for any claims, demands, suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Print Client's Name

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:
