

**Carol Denise Bunch, PhD, LPC, NCC, DCC, LCAS, CSI**  
**Adonai Christian Counseling Services, PLLC.**  
8522 Suite 104 Six Forks Road  
Raleigh, NC 27615

Licensed Professional Counselor (#3529)  
Licensed Clinical Addictions Specialist (#3329)  
National Certified Counselor (#280494)  
Clinical Supervisor Intern (#20057)  
Distance Credentialed Counselor

Telephone: 919-801-3199

E-mail: adonaiccs@gmail.com

**IN AN EMERGENCY CALL 911; GO TO THE NEAREST HOSPITAL EMERGENCY DEPARTMENT**

### **Disclosure Statement**

Thank you for selecting the services of this provider. This document is designed to inform you about this provider and to explain the professional therapeutic psychotherapy/counseling relationship. The provider has been a professional counselor since 2000 with over 4000 hours supervised professional practice. The provider earned a PhD in Counseling Psychology from the University of Kentucky in 1999. She also earned a MA in Counselor Education from North Carolina Central University in 1991. Finally, the provider completed her BA in Sociology from The University of North Carolina at Chapel Hill in 1984.

In addition the provider is a National Certified Counselor (NCC #280494) issued by the National Board of Certified Counselor, Inc. The provider is a Licensed Professional Counselor (LPC #3529) issued by the North Carolina Board of Licensed Counselors. The provider is a Distance Credentialed Counselor issued by the Center for Credentialing Education. The provider is a Licensed Clinical Addictions Specialist (LCAS #3329). Finally, the provider is a Certified Clinical Supervisor Intern (CSI #20057).

### **COUNSELING SERVICES OFFERED/THEORETICAL APPROACHES**

People can make better decisions if they have enough information and understanding how something works. Counseling includes your active involvement as well as efforts to change your thoughts, feelings, and behaviors. You will have to work both in and out of the counseling sessions. There will be homework assignments, exercise, writing, journaling, and possible involvement in support groups. At times progress may seem to be moving swiftly whereas at times progress may move slow and deliberate.

The provider uses the educational counseling approach of cognitive behavioral therapy. At times, the provider may select treatment modalities from psychoanalytic, alderian, existential, and feminist therapy. Treatment goals and methods are periodically re-evaluated, updated and redesigned to provide the best treatment for patients.

### **CONFIDENTIALITY**

The provider regards the information you share with the greatest respect, so to be as clear as possible about how it will be handled. Generally, the provider will tell no one what you tell in any therapeutic session. The privacy and confidentiality of our conversations and my records is a privilege of yours and is respected by federal law, state law and my profession's ethical principles in all but a few circumstances. These are three circumstances in which the provider cannot guarantee confidentiality, legally and/or ethically; (1) when there is intent to harm yourself or another person, (2) signs and report

of child or elder abuse and/or neglect; and (3) professional counselors can be ordered by a judge to release information. Otherwise, the provider will not disclose information about your treatment, diagnosis, history, or even that you are a client without full knowledge and usually a signed Release of Information Form. All professional practices are in accordance of the American Counselor Association's Code of Ethics.

**LENGTH OF SESSIONS**

Services will be rendered in a professional manner consistent with accepted ethical standards. Individual and family sessions are 45 minutes in duration. Group sessions are 2-4 hours in duration. We will schedule our sessions for our mutual agreement. **If you are unable to keep an appointment please call to cancel or reschedule at least 24 hours in advance. If the agency does not receive such advance notice, you may be responsible for paying for the session(s) that you missed. Please note that it is impossible to guarantee any specific results regarding your counseling goals, if there are concerns, the counseling relationship will be terminate and a referral will be offered at any time. However, together we will work to achieve the best possible results for you.**

**FEES/METHODS OF PAYMENT**

Payment for services is a rate of \$150.00 for the initial visit, \$100.00 per follow up visit (individual and family) and \$25-\$60 (group) per session, with a co-pay of \_\_\_\_\_, as denoted by your private insurance carrier. Payment is expected on the day of each session. Cash, money orders and certified checks are acceptable payments. I will provide a receipt for all fees paid.

**COMPLAINT PROCEDURES**

If you are dissatisfied with any aspect of the therapeutic process, please inform the provider immediately. This will make our work together more efficient and effective. If you think you have been treated unfairly or unethically, by the provider or any other counselor(s), and cannot resolve this problem with the provider, you can contact the North Carolina Board of Licensed Professional Counselors at P.O. Box 1369, Garner, NC 27529-1369, (919) 661-0820, for clarification of client's rights as explained or even to lodge a complaint. If you receive Medicaid, you may contact Wake County Contract Services.

If you have any questions, feel free to ask. Please sign and date both copies of this form. A copy for you records will be return to you. A copy will be retained in you confidential record.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medicaid**

PATIENT NAME: \_\_\_\_\_ RECORD # \_\_\_\_\_

**PERMISSION TO TRANSPORT AND EMERGENCY MEDICAL CONSENT**

I, \_\_\_\_\_, parent, guardian/legally responsible adult, give permission to transport \_\_\_\_\_ and to sign consent for medical care for said child. It is understood that Dr. Bunch or staff will attempt to locate you, or another legally responsible adult, as quickly as possible in an emergency situation. This consent will be valid for this time period, not to exceed one year: \_\_\_\_\_.