

LanceCounseling

Lance Robert Nelson, MA, MA, LCMHCS, LCMHC

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COUNSELOR'S DISCLOSURE STATEMENT AND CLIENT'S INFORMED CONSENT

As a way of introducing myself to clients, I have prepared this summary of my background and counseling perspective as well as certain policies of this counseling center. This information is necessary for you to make informed decisions concerning your counseling needs. Please read this document carefully and ask any question you need to. After that, please sign this form and give it to me during our first session. An extra copy may be given to you for your records.

QUALIFICATIONS AND AFFILIATIONS

I am a Licensed Clinical Mental Health Counselor (#4806 - 12/06/04) and Licensed Clinical Mental Health Counselor Supervisor (#4806S -12/06/12) in the state of North Carolina. I have earned a Master of Arts in Christian Counseling from Gordon-Conwell Theological Seminary- Charlotte (05/12/02) and a Master of Arts in Christian Education from Dallas Theological Seminary (05/07/90). I am a Distanced Credentialed Counselor (07/08/16) and an Employee Assistance Specialist-Clinical (12/15/17).

COUNSELING EXPERIENCE

I currently counsel children, adolescents, adult men and women, pre-marital and married couples, family units, and lead process groups. My education and training is obtained from private counseling practice (5/02 to present), classroom and supervised internships (9/98 – 5/02), as well as serving as an Associate Pastor, which included teaching and counseling adolescents and their families (9/87 to 5/98).

THEORETICAL AND PRACTICAL APPROACH

By seeking counseling services you have taken a significant step toward addressing concerns in your life. For changes to take place in life, it typically requires some effort on your part. In counseling, this effort may take the form of in-depth discussions, homework assignments, reading materials, and alike. There are no instant solutions or quick fixes that will bring about lasting change that you seek. Changes in life may take some time and a lot of effort, but with commitment to work through the process of transforming your thoughts, feelings, and behaviors – change can really happen!

I believe mankind was created for the purpose of experiencing meaningful relationships with God and others. Man can know this from what is said in the Bible, a guidebook from God to help man navigate through all aspects of life. Any person can experience true love, joy and peace by living out of the realization that one's personal security and significance can only be met within a relationship with God. Thus, I take an integrated approach to counseling by blending Biblical principles along with sound scientific and clinical insights from the study of psychology, into a comprehensive understanding of man's nature as well as healthy ways to respond to the world that we live in.

COUNSELING METHODS

I use various psychotherapy orientations with my clients, each having its own strength depending on what is best for each client at a given time. Each of these frameworks contain a unique emphasis, such as cognitive-behavioral: understanding habitual thought and behavioral patterns; developmental: understanding factors throughout a person's life span; and family systems: understanding the impact of a person's immediate and extended family relationships.

CLIENT POPULATIONS

I will initially agree to meet with a potential client regardless of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. I may decline meeting with a client if I feel in my professional opinion I cannot help them or they would be better served by another professional. If referring elsewhere is needed, I will provide information regarding other competent services for the client's consideration.

COUNSELING SESSIONS

I typically schedule counseling sessions for approximately 50-55 minutes in length. This arrangement can be adjusted to meet agreed upon goals and schedules. If you are unable to keep your scheduled appointment, you must agree to make contact with me either to cancel or reschedule your session at least 24 hours before the scheduled time. You may call and leave a voice message at 704-281-7118 or email at: LanceCounseling@gmail.com. If the cancellation occurs less than 24 hours, full payment for that missed session is expected at the next scheduled appointment.

COUNSELING FEES

LanceCounseling requires payment in full at the time of the session. The fee rates are as followed: Regular = \$120.00; Church Partnership = \$100.00; Supervision = \$80.00; Clergy & Seminary Student = \$80.00. Clients may use their insurance if applicable. A receipt of full payment may be requested for submission to client's insurance company for appropriate reimbursement. Counseling fees are accepted in the form of cash, check, debit or credit card. Checks are made payable to "Lance Nelson." HSA/FSA accounts are also applicable.

CLIENT RECORDS

I regard the information you share in the privacy of the counseling office with great respect. The confidentiality of our sessions, phone calls, correspondence, and written records are protected by state law and by a professional code of ethics. Any diagnosis made becomes part of your permanent, confidential records.

The exceptions to this position, in which I cannot guarantee confidentiality either legally and/or ethically, are the following:

- When I believe that you intend to harm yourself or another person.
- When I believe a child, a mentally ill or elderly person has been or will be abused or neglected.
- When I believe it is appropriate with clients who are minors to include parents or guardians in the counseling process.
- When in some circumstances professional counselors are ordered by a judge to release information or testify in court.

COMPLAINT PROCEDURES

It is my desire to conduct myself with professionalism, competency, and integrity, and that my services will be rendered consistent with accepted ethical standards. If you are dissatisfied with any aspect of my services please notify me immediately. You may either call or write me with the contact information at the top of this statement. If you feel that you cannot resolve an issue with me, you may contact the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC):

If you wish to file a complaint against a North Carolina licensed clinical mental health counselor, you may do so by placing that complaint in writing and sending it to the NCBLCMHC. According to the American Counseling Association's Ethical Guidelines, you should attempt to resolve your complaint with the counselor directly. If this is not successful, you may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit your letter to the board. The board will assign your letter a number so that no names will be known to the entire board, with the exception of the board attorney, administrator, and ethics chair. The complaint will then be considered, a letter written to the counselor against which the complaint was filed allowing him or her to respond to the alleged charges. If necessary, the board will investigate the complaint and issue a ruling after gathering all necessary information. Investigations will not be made unless complaints are in writing and signed by the complainant. The OVERVIEW OF COMPLAINT PROCEDURES and COMPLAINT/INQUIRY FORM can be found on the NCBLCMHC web site.

**North Carolina Board of
Licensed Clinical Mental Health
Counselors**
PO Box 77819
Greensboro, NC 27417
phone: 844-622-3572
fax: 336-217-9450
web: www.ncblpc.org

If you have questions please contact me and I will be glad to explain any portion in more detail. Thank you for reading this statement and understanding the professional relationship we are about to enter.

Sincerely,
Lance Robert Nelson; MA, MA, LCMHCS, LCMHC

I have read and understand the statement above:

Client Signature: _____ **Date:** _____

Client Signature (or Guardian): _____ **Date:** _____