

Professional Disclosure Statement

Taylen Harp, MEd, LPC, NCC

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This form contains information pertaining to my professional services and business policies. Please read everything carefully and feel free to ask any questions. Once signed, it constitutes a binding agreement between us.

MY QUALIFICATIONS

Master of Education (MEd) in Clinical Mental Health Counseling-NC State University, 2016

Bachelor of Arts (BA) in Psychology-NC State University-2011

Licensed Professional Counselor (North Carolina): 12441

National Certified Counselor: 757101

CLINICAL EXPERIENCE: I began counseling professionally in January 2017. I am currently employed with **Creasman Counseling, PLLC** (115-D S. St. Mary's Street, Raleigh, NC 27603, Office Number: 919-977-0087)

I have experience providing compassionate one-to-one clinical support to adults, ages 18 and older. My counseling services are available to any and all clients, regardless of race/ethnicity, nationality, gender identity and sexual orientation, religious view, socioeconomic status, veteran status, or disability. I am also dedicated to utilizing my personal experience and unique skill set to provide specialized, informed support to Black, Indigenous, and People of Color as well as individuals within the LGBTQIA+ community.

I am an eclectic counselor who utilizes techniques from various evidence based clinical theories such as Solution Focused Brief Therapy, Cognitive Behavioral Therapy, and Person-Centered Counseling to help clients gain a better understanding of themselves and the world around them and to assist them in achieving their clinical goals.

I DO NOT CURRENTLY PROVIDE SERVICES TO MINORS, COUPLES, AND/OR FAMILIES.

SESSION FEES AND LENGTH OF SESSIONS: The fee for an initial intake session is \$120. The initial assessment will be approximately 75 minutes in length and will be utilized for exploring client's concerns and discussing what services will be useful. All following sessions are 55-minutes and include individual counseling for \$100 with sliding scale available in limited cases. Clients are responsible for payment at each session in the form of cash, credit/debit card, or personal check. I currently accept Blue Cross Blue Shield (except for Blue Local and Blue Value plans) and file as an out-of-network provider for other insurance carriers. You will be responsible for deductibles and co-payments according to your insurance plan at the time services are rendered. Claims will be filed by my office.

USE OF DIAGNOSIS: Clients should know that some health insurance companies may choose to reimburse clients for counseling services while other companies may not. Some insurance providers require a formal diagnosis of a mental health condition to be given prior to their decision to reimburse. I would like to make clients aware that not all issues for which they seek counseling will qualify as a reason for insurance reimbursement. If I deem that a qualifying diagnosis is appropriate for a client's case, I will inform the client of the diagnosis before submitting it to their health insurance company. Any diagnosis provided will be based upon those detailed in the **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**. Clients should be aware that any mental health diagnosis will become a part of their permanent insurance record.

CONFIDENTIALITY: All written and verbal communication between myself and clients will be made a part of clinical records, which clients will have the right to access upon their request. Matters discussed during individual counseling sessions and any communication pertaining to a client's clinical services will remain confidential between myself and the client, except for in the following instances: (a) I am directed in writing by the client to disclose information to another person, (b) if it is determined that the client intends to cause harm or is a danger to themselves or to others, (c) if client discloses information regarding abuse or neglect to a child, an elderly person, or someone who is mentally or physically incapacitated, or (d) if I am ordered by a court to disclose information.

CONTACT: As of December 2019, I am available by phone Sunday-Thursday after 7:30PM and on Friday 9AM-5PM. I am also available via email at the address listed above. I am often not immediately available by phone or email, but I monitor my messages frequently. I will make every effort to return your message within 48 hours, except on weekends and holidays.

If you have an urgent situation and I cannot be reached, or if you are in crisis, please call Holly Hill Hospital RESPOND line at **(919) 250-7000**, Wake County Mental Health at **(919) 250-3133**, or go to your nearest emergency room. **In the event of a life-threatening emergency, you should immediately call 9-1-1.**

COMPLAINTS Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: complaints@ncblpc.org

Client: _____ **Date:** _____

Counselor: _____ **Date:** _____