

James M. Gibson, MS Ed, LCMHC, CEAP, MAC, NCC
Ridgeview Counseling Associates
106-D Ridgeview Drive
Cary, North Carolina 27511
(919) 637-0300

PROFESSIONAL DISCLOSURE STATEMENT

I am pleased to be the counselor you selected. I am required by the North Carolina Board of Licensed Professional Counselors to provide you with information about my professional training and my counseling philosophy.

Education and Credentials

MS.Ed in Community Counseling 1984
Licensed Professional Counselor (LPC) 1985 in Ohio, 1993 in NC #860
Certified Employee Assistance Counselor
Master Addictions Counselor (MAC) #11814
National Certified Counselor (NCC) #11814

I have been a practicing counselor since 1981. I received my Masters of Science degree in Community Counseling from Youngstown State University in 1984.

Philosophy

I see counseling as a developmental process whereby we work together to identify solutions to problems in the shortest period of time possible. I will attempt to move our sessions toward developing solutions to problems as opposed to re-visiting or redefining the problem. I use a behavioral/cognitive approach to counseling. Within these styles are such authors as David Burns, Albert Ellis, William Glasser, Carl Rogers, and Virginia Satir. I give homework if the client is motivated to do exercises between sessions.

Client issues for which I have had experience/training

My counseling practice, experience and training covers a wide range of life phase areas including changes and transitions in self, family and employment. More specific areas include issues with communication and intimacy, separation and divorce, work-related stress and job changes, depression, anger, grief and loss, addictions including eating disorders, gambling and physical/sexual abuse. I am comfortable working with children, age 12 and up and varying cultural/ethnic groups.

Confidentiality

It is important that our sessions be confidential. I will ask your written consent to get information from other health care professionals who you have seen previously. In the event that your insurance company requires that I release information to them as a condition of their reimbursement for services, I will discuss this with you and ask that you sign a release of information. There are situations for which a therapist is bound by law to release information without client consent and the circumstances include 1) If I believe you are at imminent risk to hurt yourself or others, or 2) Law requires that all suspect child or elder abuse be reported to authorities, or 3) If a judge determines it necessary for the administration of justice, he may subpoena the record.

Electronic Information

I grant James M. Gibson permission to send me email and cellphone text information. I am aware sending and receiving emails and texts is not encrypted.

Signature: _____

Professional Relationship Statute

Professional ethics prohibit me from having any type of relationship with you other than professional. If we happen to see each other outside of sessions, I will follow and accept the clients lead in handling the situation.

Length of sessions, fees, and cancellations

Counseling sessions are up to 50 minutes in length. My hourly rate is \$100.00; however, you are only responsible for paying the insurance copay if I am an in-network provider. The fee is payable at the end of the service by check, cash, debit or credit card. Some insurance companies may pay a portion of my fee; however, if your insurer does not reimburse for rendered services, you are responsible for any unpaid balance. If you are unable to make your scheduled appointment, please notify me at 786-3145 within 24 hours of your scheduled session to avoid a charge of \$60.00 for the appointment.

When do I refer to another helping professional?

There are times when more intensive services may be needed or a change of theoretical orientation is indicated or when a problem or issue surfaces in which another helping professional’s input would assist in the therapeutic process. If any of these conditions occur, I welcome and encourage the opportunity to talk openly with you about a possible referral.

Client Grievance and Appeals

If you feel that you have not been treated fairly in therapy regarding fees, services, responsibilities or confidentiality, you may contact me at 919-467-9995. If we cannot resolve the concern to your satisfaction, you may contact:

N.C. Board of Licensed Clinical Mental Health Counselors
7D Terrace Way
Greensboro, NC 27403
336-217-6007 or 844-622-3572
Email: LCMHCinfo@ncblcmhc.org
Website: NCBLCMHC.org

Your signature indicates that you have read the disclosure statement, agree to the terms of counseling and that you have access to the Notice of Policies and Practices to Protect the Privacy of Your Health Information. Thank you again for coming for counseling and choosing me to provide the service.

Client(s)

Date

Jim Gibson, MS Ed, LEAP, MAC, NCC
Licensed Professional Counselor

Date