

**Michael T. Davitt, LCSW**  
**Ridgeview Counseling Associates**  
**106-D Ridgeview Drive**  
**Cary, North Carolina 27511**  
**(919) 449-7358**

## **PROFESSIONAL DISCLOSURE STATEMENT**

Thank you for selecting me as your counselor. Here is some information about my professional training, policies and counseling philosophy.

### **Education and Credential**

**Master of Social Work** degree, 1986

Licensed Clinical Social Worker in New York, 1986, #R034511-1

LCSW in North Carolina, 1992, #C000659

I have been a practicing counselor since 1986, received my Master of Social Work from SUNY Stony Brook, 1986, completed post graduate studies at Adelphi University, 1988.

### ***Philosophy***

I see counseling as a process in which we work together to identify solutions to problems in the shortest period of time possible. I will work with you to move our sessions toward identifying solutions as opposed to staying focused on the problems. I use a cognitive/behavioral approach to counseling reinforced by teaching basic skills of self-awareness, noticing, reframing, intentionally managing thoughts and feelings to bring about the outcome you desire. I believe in the inherent, priceless value of each individual and work to empower my clients to heal themselves. I encourage clients to practice various self-awareness exercises between sessions.

### ***Client issues for which I have had experience/training***

My counseling practice, experience and training covers a wide range of areas including work with military personnel, children age 5 and up, adolescents, school-based mental health, couples counseling, separation, divorce, healing the relationship, family counseling, work-related stress and job changes, anxiety, depression, anger, grief and loss and addiction in general. I am comfortable working with 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 suspected 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 Michael T. Davitt, LCSW 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 respect the clients lead in handling the situation.

***Length of sessions, fees, and cancellations***

Individual counseling sessions are up to 50 minutes in length. My initial intake interview fee is \$150 (a more in-depth, lengthy interview) and subsequent individual sessions are \$100.00. These fees are negotiable and can be reduced if you are paying cash up front without insurance or are experiencing certain financial challenges. I accept Blue Cross Blue Shield insurance including PPO, Blue Select, Blue Value and CMM (Comprehensive Major Medical). If you have one of these plans you are only responsible for paying the insurance copay as I am an in-network provider. The fee or copay is payable by cash or check at the end of each session. If your insurer does not reimburse me for rendered services, you are responsible for any unpaid balance. If you are unable to make your scheduled appointment, please notify me at 919 449-7358 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 specialized services may be needed 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, service, 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. Social Work Certification and Licensure Board  
(336) 625-1679 or 800 550-7009  
(866) 397-5263 ext. 226: for complaints and ethics inquiries only  
Fax: (336) 625-4246  
Email: [swboard@asheboro.com](mailto:swboard@asheboro.com)

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

\_\_\_\_\_  
Michael T. Davitt  
Licensed Clinical Social Worker

\_\_\_\_\_  
Date