

**Robert B. Young MA, LPC, LCAS**  
**Ridgeview Counseling Associates**  
**106-D Ridgeview Drive**  
**Cary, North Carolina 27511**  
**(919) 616-7091**

## **PROFESSIONAL DISCLOSURE STATEMENT**

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

### **Education and Credentials**

MA in Rehabilitation Counseling 1980 from Edinboro State University, Edinboro, PA  
Licensed Professional Counselor (LPC) Fall 1997 to the present #2967  
Licensed Clinical Addiction's Specialist (LCAS) December 2008 to the present #1389

### ***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 take a systems view to most problems, and consequently will want to learn about the significant people in your life and how they contribute to the reason(s) for you coming to counseling. At your discretion, and mine, I will invite others to the session to assist in the problem solving process. As much as possible I would want you to bring your relationship issues into the counseling session, to replicate what you contend with on a day to day basis. Together we'll explore patterns of behavior that can help resolve the issues highlighted. I use structural and strategic family therapy principals and techniques, as well as cognitive behavioral and motivational enhancement approaches in group, individual and family therapy sessions.

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

My counseling practice, experience and training covers a wide range of clinical domains, but focuses in the area of adolescent and family relationships, in particular the way substance use can affect those relationships. I work with couples in reinforcing their parental authority within the family and in working more collaboratively as the executive team. I also assist couples with their own intimacy issues to foster a stronger marital bond. I work with teens individually and in group/family modalities to strengthen their commitment to personal growth/development and in gaining an appropriate voice within their family.

### ***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.

### ***Use of Diagnosis***

Some health insurance companies will reimburse clients for counseling services, some will not. In addition, most will require that a diagnosis of a mental health or substance abuse condition be required before they consider any reimbursement. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### ***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 60 minutes in length, groups generally run for 90 minutes.. My hourly rate for individuals and families is \$100.00. Group fee is \$50.00 per group session. The fee is payable at the end of the service by check or cash or credit card. I am in network for the following insurance plans; Blue Cross/Blue Shield, Cigna and United Behavioral Health (Optum). I also offer a sliding fee schedule to accommodate the financial needs of each client.

I require a minimum of 24 hours' notice for cancellation. Late cancellations or no-shows will result in a \$40 fee that will be due at your next session. However, if you miss or late cancel more than 3 sessions, I will not be able to continue providing you with treatment.

### ***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 919-616-7091. If we cannot resolve the concern to your satisfaction, you may contact:

N.C. Board of Licensed Professional Counselors  
PO Box 1369  
Garner, NC 27529  
(919) 661-0820

Or

North Carolina Substance Abuse Professional Practice Board  
PO Box 10126  
Raleigh, NC 27605  
(919)-832-0975 FAX: (919) 833-5743

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.

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Client(s)

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Date

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Robert B. Young LPC, LCAS

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Date