LPCA Professional Disclosure Statement

Tobie Mabe-Smith, MA, LPCA

Cell Number: 336-209-5022

Collaborative Counseling Group

852 Gold Hill Road

Fort Mill, SC 29708

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**My Qualifications**

* MA Professional Counseling from Liberty University 2015.
* Licensed Professional Counseling Intern in South Carolina; Licensed Professional Counseling Associate in North Carolina; Extraordinary Women Certification from AACC and Life Coaching 101 from AACC.
* Three years professional counseling experience. One-year counseling internship with Rodgers Christian Counseling, eight years lay counseling experience with women and teenagers.

**Restricted Licensure**

* I am currently under supervision in order to complete my hours to earn LPC licensure.
* My supervision is provided by Maribeth (Buffy) Wimmer, Collaborative Counseling, Ft Mill, South Carolina. 704-200-4731.
* You may be asked to allow for me to video our sessions in order to facilitate my supervision. If so, you will be asked to sign a disclosure form allowing for the video. These videos will only be viewed by me and my supervisor in order to aide in my personal growth as a therapist and your superior treatment. Following the use of these videos for supervision, they will be destroyed.

**Counseling Background**

* My counseling background has/does include teenagers, adult women, couples and families.
* My counseling approach is eclectic in nature and includes the use of various interventions from Cognitive Behavioral Therapy (CBT), Person-centered Therapy, Narrative Therapy, and Life Coaching Skills.

**Session Fees and Length of Service**

* Length of sessions: 50 minutes.
* Specific fee charged for each type of session: Counseling fees are $80 per session for individuals, $100 per session for couples.
* Methods of payment accepted: cash or credit card. Private pay. We do not bill insurance.

**Cancellation Policy**

Please give 24 hours notice if you must cancel your appointment. A less than 24 hour cancellation will result in a cancellation fee.

**Use of Diagnosis**

Since I do not bill insurance, I do not generally provide a diagnosis unless one is appropriate in order to receive further treatment from a referral source or as is indicated as part of treatment.

**Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. This includes calendars, email, texts or written client information contained in client files. All electronic information is stored under password protection and all written information is stored in a locked file drawer within a locked office.

**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 or contact my supervisor above noted. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

South Carolina Department of Labor, Licensing and Regulation

www.llr.sc.gov

**Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_