Professional Disclosure Statement & Informed Consent

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This statement intends to provide you, as the client(s), with crucial information about who I am as a therapist. This will help you better understand my qualifications, education, and beliefs. This document will also establish your rights and responsibilities as the client.

Philosophy & Approach: I believe every individual has the capacity for growth, healing, and meaningful change. As a Marriage and Family Therapist Associate, my work focuses on strengthening communication, repairing relational wounds, supporting identity development, and increasing emotional safety within the systems that shape a client's life. I practice from a systemic perspective, recognizing that human experiences are influenced by relationships, culture, trauma, and context.

My clinical approach is collaborative, strength-based, and culturally responsive. I work with individuals, couples, and families navigating depression, anxiety, trauma, identity concerns, religious or spiritual wounds, conflict, grief, LGBTQIA+ concerns, and major life transitions. Although I am a pastor and professor, I do not impose any religious or spiritual beliefs in therapy. Spiritual components are only included when requested by the client.

Qualifications:

- Master of Science in Marriage and Family Therapy — Capella University
- Licensed Marriage and Family Therapist Associate (LMFTA) — North Carolina
- Completed required internship and clinical training
- Practicing under AAMFT-approved supervision while working toward full licensure

As part of providing high-quality and ethical care, I meet regularly with my clinical supervisor. Relevant clinical information may be discussed for treatment planning and support. All supervision is bound by confidentiality and HIPAA standards.

Background and Experience: My clinical training includes coursework in Marriage and Family Therapy Theory and Practice I & II, Couple and Marital Therapy, Systemic Interventions of Grief and Trauma, Group Therapy, Psychopathology and Diagnosis, Systemic Approaches to Gender and Sexuality, Systemic Approaches from Infancy through Adolescence, Diversity and

Social Justice in Family Therapy, Professional Ethics, and the Impact of Addiction on Family Systems. I have completed the required clinical internship and am now a Licensed Marriage and Family Therapist Associate (LMFTA) in North Carolina, practicing under supervision as I work toward full licensure.

In addition to my clinical work, I serve as a pastor in Danville, VA, and as a professor and President at Lighthouse Theological Institute and Seminary. My ministerial and teaching experience has allowed me to work with individuals, families, and couples from diverse cultural, spiritual, and socio-economic backgrounds, addressing challenges such as anxiety, depression, religious trauma, family conflict, grief, identity concerns, and major life transitions.

I believe every client has the capacity for change, healing, and growth. In therapy, I focus on strengthening communication, nurturing healthy connections, and supporting holistic well-being within the systems and relationships that shape a client's life. Although my background is Bible-based and I recognize spirituality as a meaningful part of many clients' healing, I do not impose spiritual or religious beliefs in therapy. Spiritual elements are only incorporated at the client's request, and I welcome individuals from all faiths, belief systems, and backgrounds into a safe and inclusive therapeutic space.

Supervision: As a Licensed Marriage and Family Therapist Associate (LMFTA) in North Carolina, I practice under the clinical supervision of Dr.Tia Crooms, PhD, LMFT, AAMFT Approved Supervisor. I adhere to the North Carolina Marriage and Family Therapy Code of Ethics and the AAMFT Code of Ethics. I am a clinical member of the American Association for Marriage and Family Therapy (AAMFT) and maintain professional liability insurance through CPH.

Confidentiality, Privacy, & Limits: By participating in treatment, you consent to the sharing of relevant clinical information with my licensed clinical supervisor for the purposes of guidance, case consultation, and ensuring the highest standard of care. Any information shared is protected under the same confidentiality laws and ethical guidelines that apply to all clinicians. Your name and identifying information will be safeguarded, and information will only be disclosed in accordance with HIPAA and professional ethical standards.

Sessions may occasionally be recorded for clinical training and supervision purposes. Recording will only occur with your informed, written consent, and you have the right to decline at any time without affecting your treatment. If a recording is made, it will be stored securely, viewed only by the supervising clinician(s), and permanently deleted after review and supervisory use. No recordings will be shared outside of supervision, and all identifying information will remain confidential in accordance with HIPAA and ethical standards.

Limits of Confidentiality: I adhere to strict confidentiality standards and therefore all the information you share is confidential within the exceptions of the law. These exceptions are stated in the Client Bill of Rights noted on this professional disclosure statement. Please be advised that therapeutic notes contain diagnosis and become part of the client record and may be exposed if these records are subpoenaed by court order. Also, please note that confidentiality cannot be guaranteed in group work. During this process I will always work to help you achieve your goals yet cannot make any outcome guarantees.

If the client is a minor, parents or legal guardians may be included in the therapeutic process, however, measures will be taken to safeguard confidentiality. If the client is a couple, a strict **"no secrets"** policy must be followed. Withholding information from one another can be harmful and hinder the therapeutic process. No information shared by one partner with the therapist in or out of sessions will be kept from the other partner. These principles apply to all Telehealth sessions as well.

Virtual Therapy: Telehealth services are offered using a secure, encrypted platform. Clients must be physically located within North Carolina during virtual sessions. If you are outside the state, the session will be rescheduled. You may be asked to confirm your physical location at the start of session for safety reasons.

Technical Issues: Every effort is made to ensure a smooth and uninterrupted virtual therapy experience; however, technical issues such as internet connection problems or software malfunction may occur. In the event of such disruptions, I will strive to promptly reconnect and resume our session. If technical difficulties persist, we may opt to reschedule the session.

Informed Consent: By engaging in therapy sessions, you acknowledge that you have read and understand the risks associated with electronic communication and consent to participate in virtual therapy. You understand that while virtual therapy offers convenience and accessibility, it may not be suitable for all individuals or situations due to the perceived risks from the client viewpoint.

Emergencies: If an emergency or mental health crisis happens during a virtual session, it is important to have a plan in place. Prior to beginning virtual therapy, we will discuss emergency procedures and develop a safety plan to address potential crises. If you are in immediate danger or experiencing a life-threatening emergency, please contact emergency services at 911 or go to the nearest emergency room.

Social media & Relationships: In accordance with the Marriage and Family Therapy Code of Ethics, I do not engage in dual relationships with clients (as much as possible). To protect your

privacy and maintain clear therapeutic boundaries, I do not connect with clients through social media.

In families experiencing relational conflict, I operate from the assumption that both partners care for their children and want positive outcomes for the family system. I do not provide court testimony for or against any client, nor do I participate in legal disputes or custody hearings involving current or former clients.

Records & Documentation: Clinical notes and records are maintained in compliance with HIPAA. You may request copies of your file in writing.

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Registering Complaints: If you have any concerns about your therapy experience, you are encouraged to discuss them with me directly so we can address them together. You may also contact my clinical supervisor, Dr. Tia Crooms, PhD, LMFT, AAMFT Approved Supervisor, if you feel a concern has not been resolved. Her contact information will be provided in your intake documents.

If concerns remain unresolved, you may file a complaint with the North Carolina Marriage and Family Therapy Licensure Board:
Website: https://www.ncbmft.org
Phone: (919) 866-0070

Sessions, Fees and Cancellations: Inner Healing Therapeutic Services is in the process of becoming a non-profit mental health organization focused on community access and affordability. While the nonprofit status is pending, all services are provided under my license and supervision and will transition into the non-profit structure once finalized.

In compliance with the No Surprises Act, all self-pay clients will receive a Good Faith Estimate of expected charges for therapy services. Current standard rates are $75 per individual session and $100 per couple/family session. Actual costs may vary based on treatment frequency and duration."

Introductory Discounted Rates
To increase access while building the practice, the first 10 ongoing weekly, bi-weekly, monthly clients will receive reduced self-pay rates.

- Individual Sessions: $45/session (50 minutes)
- Couples Sessions: $55/session (50 minutes)

Standard Rates (after 10 initial clients)
Beginning with the 11th client and continuing for 2025:

- Individual Sessions: $75/session (50 minutes)

- Couples Sessions: $100/session (50 minutes)

These rates will remain stable for the remainder of 2025 unless otherwise discussed and agree upon in writing.

Sliding-Scale Access
To further support affordability for clients with financial hardship, a limited sliding scale is available.

- Sliding scale REQUIRES income verification.
- Fees will never range lower than $35/session

No client will ever receive retroactive billing.
Clients may end services at any time.

Cancellation
A 24-hour cancellation policy applies
Late cancellations or no-shows may result in a fee commiserate with the session fee missed (to be paid before the next session is scheduled), unless there are extenuating circumstances.

Contact: Should you need to contact me outside of a session, you may call the office at 336-347-8557. If I am unavailable, please leave a vm AND a text message and I will get back to you as soon as I can. If you are in a mental health crisis, you may contact the mobile crisis line at (866) 437-1821 or go to the local emergency room.

Client Bill of Rights: As a client of a Marriage and Family Therapist Associate in North Carolina, you have the right to:

- expect that the licensee has met minimal requirements of education and experience as established by law;
- examine public records maintained by the NC Board of Marriage and Family Therapists, and to have the Board confirm credentials of a licensee;
- obtain a copy of the state Code of Ethics;
- report complaints to the Board;
- be informed of the cost of professional services before receiving those services;
- of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions:be assured
    - reporting suspected of child abuse or endangerment;
    - reporting imminent danger to the client or others;
    - reporting information required in court proceedings or by client's insurance company or other relevant agencies;

    - providing information concerning licensee case consultation or supervisions;
    - defending claims brought by client against licensee.
- be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or any other socioeconomic status.

Questions or Concerns: If you have any questions or concerns about the risks associated with virtual therapy or the information provided in this disclosure statement, please feel free to discuss them with me. Your comfort, safety, and privacy are my top priorities, and I am committed to addressing any concerns that you may have.

Consent for Treatment: By continuing with therapy sessions and by signing below, you indicate you have read this disclosure, you fully understand your rights and responsibilities as a client, and that you accept, and you consent to receive therapeutic services.

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Client Signature Date

_____ _____

Parent/Guardian Signature Date

_____ _____

Therapist Signature Date