

PROFESSIONAL DISCLOSURE STATEMENT

Introduction

Personal, couples, and career counseling are conducted in various ways, depending on the counselor. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs at this time. *Please discuss any questions or concerns you may have before we begin our work together, or at any time during the work.*

Credentials and Experience

Approved Clinical Supervisor #885

Supervising Counselor #486

National Certified Counselor #68663

Licensed Professional Counselor #1974

M.A., Rehabilitation Counseling

Certified Rehabilitation Counselor #35748

Certified Personnel Consultant

B. A., Sociology

Center for Credentialing and Education

Alabama Board of Examiners in Counseling

National Board for Certified Counselors, Inc.

Alabama Board of Examiners in Counseling

University of Alabama at Birmingham

Commission on Rehabilitation Counselor Certification

National Association of Personnel Consultants

Rutgers, The State University of New Jersey

Specialized Training:

- MBTI—Myers-Briggs Type Indicator—*Master Practitioner*
- EMDR—Eye Movement Desensitization and Reprocessing—*L1, L2, Resource Development*
- CISM—Critical Incident Stress Management—*Basic and Advanced*

Areas of Experience:

- Grief and Loss
- Depression and Anxiety
- Responses to physical and emotional disabilities
- Individuals:
 - Career Coaching
 - Resume Writing and Job Search Strategies
 - Trauma
 - Survivors of Abuse & Assault (sexual, physical, emotional)
 - Leadership Coaching
- Couples
- Groups:
 - Team-Building
 - Communication and Skill-Building Workshops

Professional Memberships

American Counseling Association

American Mental Health Counselor Association

Chi Sigma Iota Counseling Honorary

Association for Psychological Type International

Association for LGBT Issues in Counseling

Virginia Counseling Association

Alabama Counseling Association

AL Mental Health Counselor Association

Alabama Career Development Association

LPC Association of North Carolina

Association for Counselor Educators and Supervisors

Virginia Assn. of Clinical Counselors

Counseling/Consultation Process

People come to counseling because they want something to be different in their lives. They may want to change their personal or family situation, solve a particular problem, resolve old hurts, or simply bring a healthier balance to their lives. In the case of career counseling, they may have such concerns as educational planning, job dissatisfaction or “burnout”, career changing, conflicts with co-workers or supervisors, job loss, or the need to establish new priorities and achieve better balance.

At our initial meeting, we will assess your current needs and concerns, and decide if we can work together to address them. If we agree to continue, the usual procedure is to verbally contract for an initial number of sessions. When they are completed, we will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further assistance.

Throughout our work together, I will make every reasonable effort to professionally facilitate the resolution of your needs and concerns. Ultimately, you must decide to use what you gain from the counseling process.

Your Rights and Responsibilities

You have the right to ask me to explain my reasons for making certain recommendations or for using certain procedures. You also have the right to refuse to follow these recommendations, and/or to terminate the counseling process at any time and for any reason. I have the right and ethical responsibility to terminate counseling and offer a referral to another counselor if you choose not to follow my recommendations. *Either of us may request a final session to discuss the reasons for termination, and to decide on an appropriate referral if desired.* Please inform me of your intentions to see another counselor or mental health professional during the course of our work together, so that we may provide consistent treatment for you.

You have the right to confidentiality in the counseling relationship as described in the next section.

Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me no sooner than 24 hours before the appointment. *You will be responsible for payment for any missed or uncancelled appointments, except in the case of personal emergency.* Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment.

My Responsibilities as Your Counselor

I adhere to the Code of Ethics and Standards of Practice approved by the American Counseling Association (2005) and the counseling licensure boards in Virginia, North Carolina, and Alabama. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy:

I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:

1. *I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person.*
2. *If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease. Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so.*
3. *In short, I have a “duty to protect” you and others from harm.*
4. *I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.*

Fees for Service

** I am a provider for American Behavioral, ACI, Horizon Health, FEI, and Behavioral Health Systems. All other clients will be “direct pay”. Sliding scale rates are available.*

Individual Counseling Session (45-50 minutes):	\$ 90.00
Couples Counseling Session (70 – 75 minutes):	\$140.00
Full-time students:	\$ 45.00
Licensed helping professionals:	\$ 60.00

Fees are payable at the beginning of each session by check or cash. Make checks payable to Anita Neuer, LPC or AN-LPC, and please have your check prepared in advance so that session time can be best utilized. You are responsible for payment of missed sessions if not cancelled with at least 24 hours notice. You are also responsible for payment of all services not reimbursable by your insurance provider. If you are covered by your EAP and miss an appointment without 24 hour notice, you will either forfeit the session or be responsible for payment of the full fee.

Please sign below indicating that you understand and will comply with all the information in this document.

Signature: _____

Date: _____

Signature: _____

Date: _____

INTAKE INFORMATION

Please print clearly

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Social Security #: _____ - _____ - _____ Birthday: _____ Current Age: _____

Emergency Contact Name/Number: _____

How did you hear about me? _____

Vocational/Educational Information:

Employer: _____ Job Title: _____

Rank how much you enjoy your work (1-10, 10 is highest): _____

Highest grade achieved in school/which degree: _____

Problem/Goals for Treatment:

Briefly state the problem which brought you here:

How long has this situation been in existence?

What have you already done to address this problem?

Prior experience with counseling/consultation:

Medical Information:

Current Medical Problems, if any:

Current Medications:

Drug/Alcohol History:

Social/Relationships:

Please list any hobbies or social/civic organizations you enjoy:

Religious Affiliation, if any: _____

Spirituality is:

_____ Very important to me

_____ Somewhat important

_____ Not really very
important in terms of how I
manage my life/make
decisions

In terms of healthy, fulfilling relationships with friends or family members, I:

_____ don't have enough good
relationships

_____ have plenty of good
relationships

Family:

Do you have a significant partner or spouse? _____ **First Name:** _____

Do you have children or step children? _____ **Yes** _____ **No** **List names/ages:**

Do you have any siblings? _____ **Yes** _____ **No** **List names/ages:**

Are your parents (check one) _____ **Married** _____ **Divorced** _____ **Separated**

€ **Mother deceased (year: _____)**

€ **Father deceased (year: _____)**

€ **Other deaths:**

PROBLEM CHECKLIST

NAME: _____

Check items below which describe your situation Today's Date: _____

GENERAL

- ___ Anxious
- ___ Sleepy; Tired
- ___ Difficulty Concentrating
- ___ Upset
- ___ Mood Swings
- ___ Difficulty sleeping
- ___ Sleeping too much
- ___ I have lost weight
- ___ I have gained weight
- ___ I am lonely or isolated

SAD

- ___ Depressed
- ___ Despondent
- ___ Grief

MAD

- ___ Annoyed
- ___ Irritated
- ___ Angry

GLAD

- ___ Pleased; content
- ___ Upbeat
- ___ Ecstatic; joyful

SCARED

- ___ Fearful
- ___ Phobic
- ___ Tense; anxious
- ___ Worried; afraid

SHAME

- ___ Remorseful
- ___ Ashamed
- ___ Embarrassed

GUILT

- ___ Remorseful
- ___ Anger turned inward

OTHER FEELINGS?

WORK

- ___ Work is very stressful
- ___ I'm in a job I don't like
- ___ In a career I don't like
- ___ Conflicts with boss
- ___ Conflicts with coworkers

- ___ Unemployed
- ___ Retired and unhappy
- ___ I want to work but can't

FAMILY

- ___ Childhood was very happy
- ___ Childhood was sad
- ___ Childhood was confusing
- ___ Childhood was maddening
- ___ I felt/feel unsafe with family
- ___ I turn to friends before family
- ___ I'm not very connected with family
- ___ My children are easy; good
- ___ My children challenge me
- ___ My children have problems
- ___ This is my 2nd marriage
- ___ This is my 3rd marriage
- ___ My in-laws are a problem

HEALTH

- ___ No health problems I know of
- ___ Have past health problems: _____
- ___ Have an invisible disability or illness: _____
- ___ Have undiagnosed health problems
- ___ Mitro valve prolapse
- ___ High blood pressure
- ___ I am depressed
- ___ I feel I drink too much-- _____ per week
- ___ I need drugs to help me
- ___ I am a recovering addict
- ___ I eat compulsively
- ___ I am on a diet
- ___ Sometimes I skip meals
- ___ Sometimes I purge or use laxatives

OTHER HEALTH ISSUES?

COPING SKILLS

- ___ I work too much
- ___ I spend too much
- ___ I feel overwhelmed
- ___ I clean or work around the house excessively
- ___ I am a perfectionist
- ___ I drink too much
- ___ I eat too much
- ___ I don't eat enough
- ___ I exercise too much
- ___ I think I have healthy coping skills: (list here)

OTHER?

LOSSES/CRISES Last 5 Years:

- ___ Car accident
- ___ Death of family member
- ___ Lost/changed jobs
- ___ Natural disaster
- ___ Critical Incident(shooting, etc)
- ___ Caring for elderly parents

OTHER?

PERSONAL:

- ___ There have been unwanted sexual or physical experiences in my life
- ___ I did not get adequate help from adults when I asked for it
- ___ I am troubled about some things that I have never shared with anyone before
- ___ My parents did not teach me about the facts of life
- ___ I could say more about this section in a session