

Addison "Baylor" Brown, MS, LCMHC, LCAS

Professional Disclosure Statement

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My Qualifications:

I am a Licensed Clinical Mental Health Counselor (LCMHC) and my license number is 10805. I am also a Licensed Clinical Addictions Specialist (LCAS), license number 23088. I hold a Master of Science Degree in Clinical Mental Health Counseling from Western Carolina University (May, 2014) and Bachelor of Arts Degrees in Psychology and Religious Studies from the University of North Carolina at Charlotte (May, 2012). I currently have four years of counseling experience.

Counseling Background:

I began my work as a licensed therapist in an elementary school day treatment program in 2014. In this program I served children with severe behavioral challenges, whose behaviors had resulted in significant school disruption in the mainstream educational setting. Two years later, I began working primarily with middle and high school students and continued serving that population in a school-based therapy setting for the next three years. In December of 2018 I joined Full Circle Community Wellness and since that time, I have been primarily serving adult clients, but have continued working with children and adolescents as well. I also have some experience with adults in a psychosocial rehabilitation program and a recovery education center. I provide individual, group, and family therapy for clients of all ages. During our initial meeting, we can decide whether my services will be appropriate for your needs. In my work with clients I prefer to use a combination of theoretical approaches and do not typically rely on just one theoretical approach. I draw from several evidence-based practices such as Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, Motivational Interviewing, Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Internal Family Systems Therapy.

Session Fees and Length of Service:

I typically schedule sessions for 50 minutes. It is essential that you (and your child, if applicable) arrive for your session on time. Our initial session is scheduled as a psychiatric diagnostic evaluation. If you need to cancel your appointment, please do so at least 24 hours in advance. You may do this by contacting me directly at my cell phone number listed above or by emailing me at baylor@fullcirclewnc.org. If you miss your appointment or if you have to cancel less than 24 hours ahead of time, there is a \$25 cancellation fee.

My rates for services are as follows:

Individual Therapy- \$100

Family Therapy - \$100

Psychiatric Diagnostic Evaluation - \$125

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If you do not have insurance (or I am not in network with your insurance provider) and you are unable to pay the full rate for services, please inform me prior to our first session and we can discuss an adjusted rate for services. At Full Circle, we are dedicated to making counseling accessible to everyone and regularly provide services at reduced rates when necessary. If you are paying a reduced rate for services, your fee will be \$_____.

I accept checks and most credit cards (Visa, MasterCard, American Express, Discover, JCB, and Union Pay).

I am currently in network with Blue Cross Blue Shield, MedCost, Cigna, and Aetna. If you have a copay for services, I will collect your payment after services are provided.

Use of Diagnosis

In order to bill for insurance, I am required to provide a (DSM-5) mental health diagnosis in order to receive reimbursement for services. Most insurance companies require that a diagnosis of a mental-health condition and indicate that you must have a diagnosed mental illness before they will agree to reimburse you. The diagnosis/diagnoses will be given during the initial intake session and will be discussed with you during this session, before being submitted to the insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality:

All of our communication becomes part of my clinical records. Your records are 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. Any other information may be released only by your written consent.

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. I abide by the ACA Code of Ethics

(<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@ncblcmhc.org

Acceptance of Terms:

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

Client: _____ Date: _____

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Counselor: _____ Date: _____