Full Circle Community Wellness
Rebecca Smith, Counseling Intern
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PROFESSIONAL DISCLOSURE STATEMENT & INFORMED CONSENT

This is a professional disclosure statement required by the Standards of Practice of the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC).

What You Can Expect from Individual Psychotherapy

Psychotherapy and change in general are often uncomfortable and can bring up intense emotions. We can anticipate and plan for this, but you should be aware that this may be an effect of our work together. The goals of our work are your own. After exploring these goals and various approaches and techniques which I can advise you on, we can formulate a plan for our work. We can draw from a variety of strategies and techniques in pursuing your chosen goals. If either of us feel that you would be better served in working with a different therapist, we can discuss this. If our collaboration comes to an end, I will assist you in finding continued support.

Qualifications and Supervised Practice

I am a Master's-level counselor-in-training at Lenoir-Rhyne University. I am pursuing my Master's in Clinical Mental Health Counseling and will graduate in December of 2026. Upon graduation, I will be pursuing licensure in the state of North Carolina to become a Licensed Clinical Mental Health Counselor (LCMHC). As an intern, I work within the low-cost counseling program at Full Circle Community Wellness under the supervision of Dr. Matt Snyder, LCMHCS, PsyD, as well as my school supervisor Dr. Keeland LoDato at Lenoir-Rhyne. These individuals may hear or see recordings of our sessions in order to provide me with feedback, as well as to ensure that quality care is provided. Audio or video recordings of our sessions will take place only with your express consent, given by signing a separate waiver during our initial session.

You have the right to file a complaint about me or my work with you if you are concerned or choose to do so. You may also contact the board to obtain more information about the statutes and practice of licensed clinical mental health counseling in North Carolina:
North Carolina Board of Licensed Clinical Mental Health Counselors, PO Box 77819, Greensboro, NC 27417 Phone: 844.622.3572 Email: LCMHCinfo@ncblcmhc.org

Appointments and Scheduling

Initial inquiries are made through our main office at 828-222-0401 or info@fullcirclewnc.org. After our initial session, all contact should go through me regarding inquiries and scheduling. You can call or text me at 828.919.2505 or email me at rebecca.smith@fullcirclewnc.org to schedule or reschedule an appointment.

Length of Sessions & Billing

Individual psychotherapy sessions are 50 minutes in length. Rates for therapy are based on a private pay sliding scale, at whichever price point feels affordable for you. We will discuss and

agree on a fee prior to our first session. If your financial situation changes through our sessions, please bring it to my attention and we can determine a new rate. Payments are due at the time of therapeutic services, and your card on file will be charged following the end of our session. I accept payments by credit card via the Square app.

Cancellations & Missed Appointments
If you must cancel or reschedule your appointment, please do so at least 24 hours before your scheduled appointment time to enable me to attempt to fill the slot. If you are unable to provide appropriate notice, it will be treated as a missed session. Per Full Circle's missed appointment policy, if there is a missed session/late cancellation, half of the typical session fee will be charged to you as the client. Please note that missing or late cancelling 2 or more sessions can result in losing scheduling priority. Continued occurrences may result in an inability to schedule you for future sessions.

Confidentiality
Our work together is protected by legal and ethical codes which require the protection of information you share with me in session. You may ask me to speak to anyone who you wish and I will need a signed release of information from you to do so. General information necessary for referrals may be shared with other providers at your request. In the event that I am unable to continue functioning as a counselor, your records will be kept confidential and able to be accessed by you for five years. Exceptions to confidentiality will occur if:

- You report involvement in abuse, neglect or exploitation of a child, elderly, or disabled person.
- You report an illegal relationship with a mental health professional. I am obligated to then file a complaint with the state and will keep you confidential in the complaint.
- You bring a negligence suit against me
- I am required by a court of law
- You become a threat to the safety of yourself or another person

Consent to Treatment
In signing this document, you agree to enter into a therapeutic relationship with me as your psychotherapist and to collaborate in mental health assessments, services and care. You agree that you have read or had read to you and understand all of the above conditions which outline our therapeutic relationship and that you may at any time discontinue care. You have understood confidentiality and the limitations of it in our relationships. You have received a copy of this form and if you have had any questions have been given the opportunity to ask any questions and receive clarification. By signing this document, I agree with all that has been stated and agree to uphold its intent and follow it directions.

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Signature of Client/Legal Guardian/Conservator Date

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Signature of Psychotherapist Date
Rebecca Smith