



Maegan Rae Brown, M.A.Ed. LPCA

Professional Disclosure Statement

Office: 828-222-0401

Fax: 888-595-9450

Cell: 828-708-7088

E-mail: Maegan@fullcirclewnc.org

My Qualifications

I graduated with my M.A.Ed. in School Counseling from Western Carolina University in May 2011. I currently hold a license in Professional School Counseling and my license number is 1169240; my license expires in June 2019. I also am a Licensed Professional Counselor Associate and my license number is A14273; this license expires in June 2020. I have 5 years of counseling experience.

Restricted Licensure

As a Licensed Professional Counselor Associate, I am supervised by two clinical supervisors. Their names and contact information are below. I meet with each supervisor bi-weekly to ensure I am providing the best care to all of my clients. With client permission, some sessions may be audio recorded for case presentation during supervision. These recordings are held confidential and are erased directly after presentation. These recordings are for the sole purpose of improving and evaluating my work as a professional counselor.

Jody Montrie, LPCS- 828-582-2111

Matt Snyder, LPCS- 828-388-3695

Counseling Background

In my work as a School Counselor I serve children and adolescents ages 5-18 from kindergarten to twelfth grade. I offer individual, group, and classroom guidance facilitation for all students. The technique I use most often is Brief/Solution focused. The work with my clients is mostly preventative although I am trained to provide Crisis Response Interventions.

Since beginning at Full Circle Community Wellness, I work with children and adolescents in a variety of different situations. The approaches I use most often are Motivational Interviewing, Trauma-Focused Cognitive Behavioral Therapy, and family therapy.

Session Fees and Length of Service

The length of each session is approximately 50 minutes. If you need to cancel an appointment, please do so within 24 hours before your scheduled appointment time. You may email, text, or call me to cancel or reschedule your appointment.

My rates for services are as follows:

Initial evaluation and diagnostic-\$125

Individual- \$100

Family therapy- \$100

If you do not have insurance (or I am not in network with your insurance provider) and you are unable to pay the full the rate for services, please in 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 working towards becoming a credentialed provider with BCBSNC, Aetna, and United Health Care. Once I am a credentialed with these insurance agencies, I will bill insurance and as a client, you will be responsible for your copay.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

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.

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 Professional Counselors

P.O. Box 77819

Greensboro, NC 27417

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

Fax: 336-217-9450

E-mail: Complaints@ncblpc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____