



## Full Circle Counseling & Wellness

Matthew T. Snyder  
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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, is often uncomfortable and can bring up intense emotions. We can anticipate and plan for any untoward emotional distress that may arise. It is important that you are aware that this may be an effect of our work together.

The goals of our work in therapy are your own. After exploring these goals and various approaches and techniques which I can advise you on, we will formulate a plan of our work together. Either of us can request revision of this plan, a progress update, or discuss alternative techniques to employ.

We can use many different strategies and techniques in exploring and pursuing your chosen goals. Either of us may offer suggestions or question the usefulness of various techniques. I will provide explanations and education of these techniques and answer any questions or concerns you may have about these approaches.

Therapy is most useful when it continues through the week and your life. To this end, we will often agree upon assignments or "experiments", for you to work on between sessions.

If either of us feel that you would be better served in working with another therapist, we can discuss this possibility. If our collaboration comes to an end for any reason, I will assist you in finding continuous support and meeting your therapeutic needs.

### Background and Qualifications

I have been trained in psychotherapy at Naropa University, where I graduated with a Master's of Arts degree in Counseling Psychology: Contemplative Psychotherapy. This program integrates western approaches and theories of psychology, such as Psychodynamic, Cognitive-Behavioral and Rogerian, with Eastern psychological approaches. I graduated in May 2007 and received my NC License in December of 2009.

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 professional counseling in North Carolina:

North Carolina Board of Licensed Professional Counselors

P O Box 1369

Garner, NC 27529

Phone: 919.661.0820

Fax: 919.779.5642

Email: [nblpc@mgmt4u.com](mailto:nblpc@mgmt4u.com)

### Appointments and Scheduling

Initial inquiries are made through our main office at 828-222-0401. Subsequently, inquiries and contact are through myself, including appointments which are schedule collaboratively with me. The fees for our sessions are listed below. These fees are current as of 01/01/2020 and while I don't anticipate changing them any time soon, the general market may necessitate an adjustment in my fees at some point during our work together. If this occurs, I will present the issue to you in session and we will try to find an arrangement that will work for you, including paying the new fee, termination and referral or exploring benefit options. I currently am enrolled as an in-network provider with Blue Cross Blue Shield of NC, Aetna, Humana, Tricare and United. Co-payment is due at time of session, and we will file insurance claims for you. Many insurance companies offer at least some out of network coverage and I will assist you in obtaining the maximum coverage that you can out of network if you choose. I ask for your partnership in providing timely and accurate information about your insurance benefits and complete any paperwork necessary.

### Fees

Individual Psychotherapy Session (53 +mins)	\$ 165
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Individual Psychotherapy Session (33 +mins)	\$ 85
Family Psychotherapy Session (with or without client) (60 + mins)	\$ 165
Additional 30 mins for Family Session	\$ 85

#### Missed Appointments

I generally charge \$ 80 for a missed appointment. If you wish to reschedule an appointment, please contact me at least 24 hours before the appointment to enable me to attempt to fill the slot. If you are unable to, it will be treated as a missed session and you will be charged.

#### Emergency Support

If you are experiencing a mental health emergency, you have three options for assistance:

1. Call **911**

2. Go to the nearest Emergency Room

Asheville: Mission Hospital Hendersonville: Pardee or Park Ridge Hospitals

3. Call the RHA Mobile Crisis Management which is operational 24 hrs a day/ 7 days a week. For Buncombe, Henderson and Polk Counties, call **888.573.1006**.

#### Confidentiality

Our work together is protected by law 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. In addition, by law, I am obligated to release confidentiality in any of the following circumstances:

- 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

### Diagnoses

I use diagnoses in a limited way for educational, treatment and billing purposes. I use the DSM-V to explore diagnostic options and criteria and discuss my suggestions and opinions with you.

### 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 its directions.

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*Signature of Client/Legal Guardian/Conservator*                      *Date*

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*Signature of Psychotherapist*    *Date*