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This document contains information about my professional services. It is designed to inform you about my background and my practice of therapy in order to ensure that you understand our professional, therapeutic relationship. If you have any questions please feel free to ask.

Please sign at the bottom to indicate that you understand and fully agree with the following statements

My Qualifications

My name is Gentry Hamrick. Thank you for selecting me as your counselor. This document is designed to educate you about my professional background and experience, and to ensure that you understand our professional relationship. I believe in the therapeutic process and the power of relationship. I am passionate about creating a safe-place for my client, in which he/she/they can experience authentic self-expression, validation, self-worth, and motivation toward positive change. In therapy, we will work together as a team. I typically approach counseling sessions with a person-centered mind-set. This means that I meet you where you are in your own process. I am an “integrative therapist,” meaning that I draw from various treatment modalities to choose techniques and interventions best suited to your individual needs. I believe that there is no “one size fits all” treatment.

I completed my Masters of Science (M.S.) in Clinical Mental Health Counseling from Western Carolina University in December 2016. Western Carolina University’s counseling program is accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP). My undergraduate education was received from Emory & Henry College where I was awarded a dual Bachelor of Arts in Psychology and Public Policy & Community Service. I am a Nationally Certified Counselor (NCC) and my NCC license number is 830035, a Licensed Clinical Addictions Specialist (LCAS-23551), and a Licensed Professional Counselor (LPC, 12812).

Counseling Background

I currently have three of counseling experience. The populations I currently serve are children and adolescents, adults, and families. Every client brings many different areas for growth and individual strengths to the counseling setting. Sessions often focus on, but are not limited to, attachment difficulties, developmental and psychosocial concerns, family dynamics, identity development, as well as general difficulties related to anxiety and depression.

The services I provide can be utilized in an individual, family, or group setting. Whether in an individual or group counseling setting, the theoretical orientation I adhere to is person-centered counseling. This orientation places great importance on the power of the client to resolve their own problems through the counseling process within a warm and empathic setting. The process of this counseling utilizes many techniques, including Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), EMDR trauma-focused treatment, and existential therapy. CBT uses techniques, such as a thought record, that can allow clients to feel more able to manage their thoughts and emotions by recording them in an objective manner. Existential therapeutic techniques are based on how clients make meaning out of their lives. Areas of significant meaning are explored and positive meanings are enlarged. I additionally utilize EMDR techniques during session, promoting stabilization techniques such as container exercises and completing target sequence plans for further processing. While other techniques may be utilized the foundation from which I work is always informed by the client-oriented, person-centered therapy.

Session Fees and Length of Service

Typically, a clinical assessment is done upon initiation of service to determine a diagnosis and guide treatment planning. This process is done with full transparency with you. Length of sessions is 50 minutes. Records from the assessment including diagnosis, individual, family, and group services are all maintained in an electronic health record meeting federal guidelines.

Fees for services can vary slightly but are approximately \$_____ for the initial assessment, \$_____ for a 50 minute session, and \$_____ for couples/family sessions. Group fees are set in accordance to type of group. Fees collected directly from you are any applicable co-payment for services private insurance or self-pay balances. Fees will be accepted in cash, check, or debit/credit card only. All other fees are billed to your private insurance.

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

My hope is that this office will act as a safe space for you. 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: _____