

Professional Disclosure Document

Gabrielle Milando

Counseling Intern

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Qualifications: I earned my Bachelor degree in Psychology from Wake Forest University in 2018 in **Winston Salem, North Carolina**. I am currently a student in the Master of Arts in Counseling program at Wake Forest University in Winston Salem, NC. In addition, I am the president of Chi Sigma Iota, a counseling academic and professional honor society.

Restricted Licensure: I am pursuing my master's degree, which I will receive in 2020, and am currently completing my clinical internship experience. After I graduate, I will apply for licensure as a Professional Counselor Associate in North Carolina. Because I am a graduate student, I am supervised by Donna Dunlap, a Licensed Professional Counselor and director of New Life Counseling, PLLC. Her email address is donna@newlifewinston.com. My clinical program supervisor is Dr. Michelle Mitchell. Her email address is mitchelm@wfu.edu.

Counseling Background: I have worked as a clinical intern at Brenner's Pediatric Behavioral Health Unit at Wake Forest Baptist Health. While at Brenner's, I worked with children ages 12 to 18 experiencing depression, self-harm, suicidal ideation and/or attempts, anxiety, trauma, ADHD, and/or behavioral problems. I worked alongside my supervisor who is trained in motivational interviewing (MI), which is a client-centered style focused on helping clients elicit behavior change, and acceptance and commitment therapy (ACT), which works to help individual's accept life difficulties while utilizing mindfulness techniques and values-based interventions. At this site, I conducted individual sessions, participated in family sessions, and facilitated psychotherapy groups. In addition, I also have experience working with individuals with schizophrenia in an intensive outpatient program, where I participated in and co-lead groups, while providing the individuals with support and encouragement.

In individual sessions I utilize therapeutic techniques that include goal-setting, affirmations, and looking at the client's background to build upon past successes and to find solutions to current difficulties. In addition, I utilize mindfulness, cognitive defusion, and values-based interventions. In group sessions, I use active listening and modeling techniques to encourage empathy, cognitive flexibility, and assertiveness skills. In therapy groups I tend to focus on the group process as opposed to the content in order to facilitate self-awareness and growth.

Counseling Services: I provide counseling services to individuals including children and adolescents ages 5 to 17, and adults of all ages. A standard counseling session is 50 minutes in length. Group therapy sessions are 1 ½ -2 ½ hours depending on the group size and meeting location. The scheduling needs and frequency of sessions will be determined on a case-by-case basis. Counseling services are provided at the New Life Counseling Center, PLLC office located on Healy Drive. Counseling services are offered to anyone without regard to age, gender, race, disability, sexual orientation, and/or religion.

FEES AND SERVICES:

- **Free Screening:** A brief (10-15 min) screening with the Practice Director is offered at no-charge and may be conducted in-person or by telephone as time allows.
- **Telephone Consults:** There is no charge for brief telephone calls with clients. Calls exceeding 5 minutes are charged at the rate of \$20 per 10 minute time unit. Health insurance won't cover the cost of Telephone Consults.

IN-OFFICE SERVICES:

- **Full-Length Sessions:** \$20 per 50 minute hour for Individual Office Session. \$20 for 50 minute couples and family sessions (additional \$10 for high conflict cases). Additional session time, if time allows, is billed in 10 minute units at \$5 per unit. If you arrive more than 10 minutes late for your session, your session may be rescheduled.
- **Extended Sessions:** Individuals, Couples or Families may choose longer session times. Couples and families often need and/or benefit from having additional time. It is preferable that these are scheduled in advance but the time may be extended, if time allows, and after 50 minutes is billed in 10 minute units at \$5 per unit including a 10 minute break for each hour.
- **Groups:** \$20 per 1 1/4 hour for In-Office Groups. Longer Groups to be determined based on time.
- **Crisis Sessions:** \$30 for the first hour plus \$10 for each additional 30 minute unit.

SERVICES THAT MAY BE PROVIDED INSIDE OR OUTSIDE OF THE OFFICE:

"Prolonged Exposure with Response Prevention" Sessions: These sessions typically take more than 50 minutes. This is often performed in a community setting and may include travel and other incidental expenses.

Payment is due at the time of service. Payment can be made by cash, check or by credit card. The NSF fee for a bad check is \$40. Any unpaid balance after 30 days may be reported to the credit reporting agencies and/or forwarded to collections, and may accrue additional fees from the collections company as well as a \$50 late fee applied monthly. Any unpaid balances at the end of the year may be reported to the Internal Revenue Service as "bad debt". These situations are highly problematic to the therapeutic relationship and can easily be averted by paying for your services in a timely manner.

Use of Diagnosis: If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis. Intern level therapists may not bill insurance and as such your diagnosis won't be shared except as provided for below.

Social Media: Although I may participate in a number of social media activities, I maintain clear boundaries between my personal and professional life. Please don't be offended, but I do not accept requests for connection through social media sites from my clients, former clients or their family members.

Electronic Communication: During the initial gathering of data, I will ask you for an e-mail address and ask permission to send you information regarding appointments and other business matters via e-mail. You have the right to deny me this information. Confidentiality of information shared through e-mail or text cannot be guaranteed. If you give me permission to contact you through e-mail or text, you accept responsibility for any breach of confidentiality. As a general rule, I do not do therapy via e-mail, on-line chat, text, or phone. I do not routinely use Skype or other video methods for therapy sessions; however, in special circumstances a meeting via a HIPAA compliant video method may be conducted.

Cancellations and Missed Appointments: You have the responsibility to be on time for your appointments. If you are unable to keep your office appointment, you must provide 24-hour notice (by 2:00 pm on Friday for

Monday appointments) or you will be billed \$20 for the missed session. If you miss more than 2 appointments, I reserve the right to place you on a same-day scheduling status. Excessive cancellation with more than 24 hour notice may result in you losing your standing appointment status.

Confidentiality: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. All of the employees/business associates in my agency are responsible for maintaining confidentiality of all client records. In addition, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. All of our communication becomes part of the clinical record, which is accessible by you upon request. However, therapy notes may not be released, at my discretion, without a court order signed by a judge. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions. These exceptions include, but are not limited to, the following situations:

1. If I determine that you may be a danger to yourself or others.
2. If you provide information that leads me to believe that a child (under 18 years of age), elderly person (65 or older), or a disabled adult is or has been abused or neglected.
3. A court order requires me to release information about you and your clinical record (see Forensic Fee Agreement).
4. If you request in writing that I may release information about you (see Forensic Fee Agreement).
5. With my Internship Supervisor at New Life Counseling Center, PLLC for the purposes of improving clinical care and enhancing my skills and techniques as a developing therapist.
6. With my Internship Professor at Wake Forest University for the purposes of improving clinical care and enhancing my skills and techniques as a developing therapist.
7. (With your identifying characteristics excluded) with classmates in the internships studies class for the purpose of enhancing the learning experience and developing skills of the cohort of students in the Counseling Internship class.

Client Rights: I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe may not be beneficial or may be harmful.

Contact Information: The best way to contact me is at **336-793-7005**. If you contact me by phone, you can leave a confidential message for me with the answering service. I check my voicemail throughout the business day between appointments as time allows, but always at the end of the business day (weekends and holidays are excluded). In an emergency, please call 911, the Winston Salem 24-hour mental health center at 1-888-581-9988, the National Hopeline Network at 1-800-784-2433, (1-800-SUICIDE) or go to your local emergency room. The physical address of the practice is 3410 Healy Dr, Suite 207, Winston Salem, NC 27103

Complaint Procedures: If at any time you become dissatisfied with any aspect of your counseling experience, please inform me or the director of NLCC, Donna Dunlap immediately. I abide by the ACA Code of Ethics which can be found at the following web address: <http://www.counseling.org/Resources/aca-code-of-ethics.pdf> If you believe that you have been treated unethically by me (or any other counselor) and you have been unable to resolve the matter with me or my supervisor, you may contact:

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417

Phone: 844-622-3572

Fax: 336-217-9450

E-mail: LPCinfo@ncblpc.org

I have read and received a copy of this professional statement for my records:

Client Signature: _____ Date: _____

Parent Signature (clients under
18): _____ Date: _____

Therapist signature: _____ Date: _____