

# **Christian Counseling Associates of Raleigh, PLLC**

[www.ChristianCounselingOfRaleigh.com](http://www.ChristianCounselingOfRaleigh.com)

**GINNA BUSTLE, MSW, LCSW**

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## **Professional Disclosure Statement**

This document is designed to inform you about my background, approach to therapy, and to ensure that you understand our professional relationship.

I have a Master's Degree in Social Work from Boston University, and I am a Licensed Clinical Social Worker in North Carolina #C002197 (since 1994). I have had experience working in a variety of different mental health, social service, and non-profit settings. My experience includes working with parents, children, couples, and families through the Department of Social Services, as an intensive in-home family therapist, as well as an outpatient therapist in various mental health settings. I have worked with adults and children who struggle with family issues, parenting and discipline issues, depression, anxiety, stress, relational issues, past abuse issues, and low self-esteem. In addition to my LCSW, I am a certified parent educator through North Carolina Parent Education Network, and a member of the National Association of Social Workers.

### **Theoretical Counseling Approach**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the counselor, client, and the particular problems addressed. I do not believe there is a one size fits all approach to therapy, and therefore I use an integrative approach when counseling. I use several methods of therapy including Cognitive Behavioral Therapy, Motivational Interviewing, Brief Solutions-Focused Therapy, as well as psycho-education. These are well established, researched, and respected therapies. Therapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. I frequently will give small assignments, such as journaling or other self-awareness or self-reflection exercises that we will discuss at the next session.

I believe that spirituality plays a very important part in people's lives. I have taken several Christian counseling classes at Gordon Conwell Seminary in Hamilton, Massachusetts, and if a client desires I can incorporate Christian traditions such as prayer, and scriptures into our therapy sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select.

At the end of the evaluation we will decide if this practice is a good fit for your needs. If you decide to continue in therapy with me you will sign an agreement of services at that time. If for whatever reason you do not wish to continue with me I am happy to give you the names of several qualified counselors in the area. Your satisfaction with therapy is important to me, and we will periodically review your therapy goals, and progress.

### **Confidentiality and Records**

Information that is shared in your counseling sessions and my records of our sessions will be kept confidential. State law and my profession's ethical principles protect this confidentiality with few exceptions. The exceptions to confidentiality are:

- when you provide me with written permission in the form of a release of information to disclose identified information from our counseling sessions to an identified third party
- if it is determined that you are a danger to yourself or to an identified third party then confidentiality can and will be breached
- the client-counselor confidentiality agreement can also be waived when there is evidence or suspicion of child, dependent adult or elder abuse

- in the rare event that you have a medical emergency during our session and I need to access immediate medical services for you
- if your information is subpoenaed in court.

In these exceptions I will do my best to share with you beforehand what information from your counseling sessions I will have to share with a third party. Please feel free to bring up questions about confidentiality at any time.

**Explanation of Dual Relationships**

The relationship between therapist and client is one that is professional and purposeful. Therefore it is unethical for me to have social relationships with any clients. This includes being invited to social gatherings, or participating in social networking sites with you such as Facebook, Twitter, LinkedIn, etc.

**Counseling Sessions**

Sessions are by appointment only, and are typically 50 minutes in duration. The appointment time is reserved for you. Therefore if you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. If I do not receive such advanced notice, you will be responsible for paying half of the cost of the session.

Our office phone number is 919-260-5830. My office hours are limited due to being a part time practice. If I am in session, or otherwise not available, please leave a voice mail and I will contact you as soon as possible. I check messages regularly.

**Text Messages and Email**

I ask that text messages or email be reserved for short messages such as to say you might be running a few minutes late for an appointment, or requesting a call. Please do not text or email topics that should be reserved for counseling sessions.

**Emergencies**

I check my voice mail multiple times per day during the weekdays, and will do my best to return your call within 24 hours. This is a part-time practice, and therefore I am unable to respond to a mental health or counseling emergency situation. If you experience a mental health emergency, please contact 911 or go to your nearest Emergency Room. You may also call Holly Hill Respond in the Triangle area at 919-250-7000.

**Fees For Counseling & Methods of Payment**

My fee for counseling is \$120 per session (\$200/two hour session). Payment in full should be made at the end of every session. I accept cash, checks, credit cards or HSA cards. I will provide you with a statement for all fees paid.

Your involvement in the counseling process is entirely voluntary, and you are not obligated to complete a specified number of sessions, however, you are expected to pay for each session that you do complete.

**Missed Appointments**

**If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. If we do not receive such advance notice, you will be responsible for paying \$75 for the first missed session and full fee for any future missed session.** We will also request pre-payment for the next session scheduled. If you miss a scheduled visit, and you do not call our office within seven days to reschedule, we will accept that as your notice that you have terminated this agreement and further counseling.

**Freedom to Withdraw**

You have the right to withdraw from therapy at any time and I will give you the names of other qualified counselors. It is my policy that if a client stops making appointments, their case is closed with me and with Christian Counseling Associates of Raleigh 60 days from the date of their last appointment.

**Please initial and sign. By signing I am agreeing to the following:**

\_\_\_\_\_ (initials) I understand and agree to this Informed Consent.

\_\_\_\_\_ (initials) I acknowledge receipt of HIPPA Privacy Laws (on CCAR website)

\_\_\_\_\_ (initials) I agree to the Consent for Telecounseling (on CCAR website)

**Therapist**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Client(s)**

**Signature**

**Date**

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