

**KEISHA SAUNDERS- WALDRON, LPCS, ACS, NBCC, DCC, LCAS-A**

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**Introduction**

Hello and Welcome! Counseling is accomplished in a variety of ways, depending on counselor theoretical orientation and the client/counselor therapeutic relationship. It is my duty as a counselor, to provide you with my professional qualifications, experience, services offered, sessions and payment schedule, diagnosis, and reciprocal expectations of our professional relationship. The information provided below is to assist you deciding whether or not my services are going to be beneficial in meeting your clinical needs.

**Credentials and Education**

***M.S., Service Agency Counseling,  
December 2010***

University of North Carolina at  
Pembroke (UNC-P)

***B.S. Psychology,  
May 2004***

University Of North Carolina at  
Greensboro (UNC-G)

**Licensure Experience**

In 2010, I received a master's degree in Service Agency Counseling from the University North Carolina at Pembroke. I am licensed as a Licensed Professional Counselor Supervisor [S8721, exp. 2018] approved by the North Carolina Board of Licensed Professional Counselors [NCBLPC], I am also an Approved Clinical Supervisor [ACS02448, exp. 2021] and a Distance Credentialed Counselor [DCC #3465]. I have been practicing counseling for seven years: first year through my graduate program and last six years through private practice and community agency settings. Through these different facets has helped me gain experience in the following areas: individuals, families, couples, and high-risk youth. The experience I have obtained thus far has proven useful in every aspect of my personal and professional career. I am currently pursuing licensure as a Licensed Clinical Addiction Specialist under the supervision Christopher Townsend LPC, LPCS [#3723 exp. 2014], who is a board approved supervisor and he can be contacted at 336-688-6757

**Services, Theoretical Orientation, and Techniques**

I envision my practice serving couples, family, adults, adolescents and teens experiencing difficulty throughout the life span. My theoretical orientations through the counseling process are as follows: Cognitive Behavioral (i.e., essentially seeks to change a client's irrational belief and reinforce positive cognitions or thoughts) and a solution-focused approach. Solution-focused is a type of "brief therapy" that encourages clients to focus on immediate concerns and build upon their strengths. I will incorporate various cognitive therapy techniques. This may include but is not limited to the following: identifying and examining beliefs, modifying the beliefs and work on creating

new ones, role-playing, modeling, homework, and establishing a therapeutic relationship that will aid in the client's effort to use more self-awareness and mindfulness.

### **Sessions, Fees, and Methods of Payment**

Payment for services is expected at the end of each session, the payment for individual therapy is \$115.00 per 50-minute session. Clients are financially responsible for payments. If the client is a minor, then his/her parent or legal guardian is responsible for payments. Fees may be paid in cash, check, Credit Card (e.g. Master Card, Visa), or invoices can be emailed for the client's convenience. In the event of a check not clearing, the client will be expected to pay the bill and fees incurred before services can resume. If the client has private insurance or with another provider (e.g., Medicaid, Medicare), I will bill the company. If you must cancel a scheduled appointment, please inform me no sooner than 24 hours before the appointment. *You will be responsible for payment for any missed or uncancelled appointments, except in the case of personal emergency.* Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment. If I am subpoenaed or have to go to court on your behalf, then the client will be charged double the hourly rate plus any additional charges related to the court appearance (i.e., travel, hotel, meals).

Please understand that any personal information or diagnosis provided to your insurance company can no longer be held to the same standard of confidentiality as discussed before, and may well become part of your permanent insurance record. For more information on payment policy please visit [www.cccounsel.me](http://www.cccounsel.me).

### **Confidentiality**

Therapy involves the sharing of sensitive, personal, and private information by clients with their counselor. Recognizing this, several federal and state laws, as well as a code of professional ethics, protect the confidentiality of information shared in therapy. In addition, no information about whether or not you are being seen, or about your actual therapy session, will be released to an outside agency or person without written permission from you. There are, however, a few carefully agreed upon exceptions to confidentiality which I believe you should know about before you begin therapy.

► **Abuse of Children:**

If there is reason to believe that a child under the age of 18 is being abused or neglected, I am legally obligated to report this situation to the appropriate state agency.

► **Abuse of Elderly Individuals or Other Vulnerable Adults:**

If there is reason to believe that a vulnerable adult (i.e., elderly or a person over 18 years old who lacks the physical or mental capacity to provide for his/her daily needs) is being abused, I am legally obligated to report this situation to the appropriate state agency.

► **Imminent Harm to Self:**

If there is reason to believe that you are in danger of physically harming yourself, and if you are unwilling or unable to follow treatment recommendations, I may have to seek

your involuntary admission to a hospital and/or contact a family member or another person who may be able to help protect you.

► Imminent Harm to Others:

If there is reason to believe that you are actually threatening physical violence against another person, or if you have a history of physically violent behavior and I believe that you are an actual threat to the safety of another person, I may be required to take some action to insure that the other person is protected (e.g., contacting the police, notifying the other person, seeking involuntary hospitalization).

► Court Order to Release Information:

I am legally required to release client information to the courts if a judge court orders your record. If such a situation arises, I will make every attempt to inform you of the court's request and the nature of the request.

► Minor/Guardianship:

For minors, the legal guardian(s) have the right to access the client's records, schedule appointments for the minor-child, and negotiate treatment.

► Collection of Fees:

I pride myself in providing quality clinical services. Yet, this is a business and expectation is to be paid for the provided services. When fees for services are not paid in a timely manner, then a collection agency may be utilized to collect the unpaid balance. The specific content of the services (e.g., diagnoses, treatment plan, case notes) will not be disclosed to the collection service; only the unpaid balance are legally required to release client information to the courts if a judge court orders your record. If such a situation arises, I will make every attempt to inform you of the court's request and the nature of the request.

The confidentiality exceptions described in above happen are extremely rare. If, however, they should arise, it is our policy that, whenever possible, I will discuss with you any action contemplated as fully as possible. However, you should know that we are not legally obligated to inform you, or seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, I will release only the minimal information necessary to protect you and/or another person.

**Emergencies:**

**If you have an *urgent situation*, which you feel needs immediate support and I am not available by phone, please contact your local 911 system or go to the nearest emergency room**

**Complaints**

To file a complaint with the North Carolina Board of Licensed Professional Counselors, you may send your complaint to the following address:

**North Carolina Board of Licensed Professional Counselors  
P.O. Box 77819**

**Greensboro, NC 27417**

**Phone: 844-662-3572 or 336-217-6007**

**Fax: 336 217-9450**

**E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)**

Please sign below indicating that you have read, fully understand, and will conform to all the information presented in this document.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_