

PROFESIONAL DISCLOSURE STATEMENT

Gary W. McFarland

Beginning the counseling process is an important step for you. This document is intended to inform you about my background and to provide information about the counseling process.

I hold a Doctor of Ministry degree from Drew University. I have been engaged in the practice of counseling since 1984. I have the following licenses or certifications:

Licensed Marriage and Family Therapist (NC) #601

Certified Fee-based Practicing Pastoral Counselor (NC) #40

Licensed Clinical Mental Health Counselor-Supervisor (NC) #S2405

You need to know how I conduct therapy. I am a pastoral counselor, which means that I have been trained to integrate theology with the behavioral sciences in helping someone grow and heal. I will respect your faith perspectives in our work together. My theoretical orientation with individuals grows out of object relations theory, and my work with couples and families is informed by Bowenian and Structural systems theories. None of these approaches offers a “magic cure”. The counseling process will include some hard work on relationships and self. Most of this work will be done outside of the therapy hour. I may assign some writing or reading outside of the hour to facilitate the process.

I do not go to court with clients. I believe the adversarial nature of the legal system can be toxic to the collegial and personal nature of therapeutic work. If your situation will require this, I will be glad to provide you with a referral to a professional who is able to provide such a service. I also do not participate in disability application processes, and will refer you to an appropriate professional if you require this. If you need documentation of sessions, or other written documentation, the charge for preparation will be based on a rate of \$125 per hour.

You will need to tell me what you wish to accomplish in therapy. Sessions will last approximately 60 minutes, and will occur at least every other week unless we agree to less frequency for clear reasons. The initial session will be used for my getting to know you better, often through use of a genogram (family tree).

Payment is made to me, preferably at the time of service. We will agree on a fee at our first meeting. The initial session fee is \$200, and standard session fee is \$165.00. Realizing that some clients may find that prohibitive, I offer a sliding scale which takes into account your personal circumstances. There is also some limited assistance available to clients who are members of covenanting churches.

My services may be covered by insurance. It is your responsibility to file with your insurance company, unless you wish us to file electronically.

You will be charged at the full rate for missed appointments unless you provide 24 hours notice of cancellation. This notice allows me to make the time available to others.

A charge of \$20 may be assessed to you for any check returned for NSF (non-sufficient funds). If you think that a check may clear before funds are available, I will be glad to hold a post-dated check an agreed upon time.

If your account is past due 90 days, and we have not been able to reach an agreement on payment, your account may be referred to a collection agency. This is a radical action which I hope to avoid in all cases. It is not automatic after a set time, and I will notify you that I intend to refer your account.

A word about confidentiality is in order. What you discuss in the therapy hour is private. I will respect that, and will not divulge information about our sessions without your written consent, within the bounds of NC State law and ethical practice. There are two circumstances where state laws require a professional to divulge confidential information: (1) when a person is a danger to themselves or to another person, and (2) when there is reason to believe that a child or elder is in danger from abuse or neglect.

If you are dissatisfied with your counseling, please inform me immediately. No relationship is perfect, and the counselor-client relationship is no different in that regard. If we are not able to resolve your concerns, you may contact the NC Board of Licensed Clinical Mental Health Counselors (P.O. Box 77819, Greensboro, NC, 27417, (844) 622-3572 for clarification of client's rights or to lodge a complaint.

Please sign and date this form. I will keep the original in your file. A copy is available to you at any time.

Gary W. McFarland, DMin

Date

Client

Date

By my signature above, I acknowledge that I have read and understand the information in this statement. I further agree that attempts to collect past due account will not constitute a breach of confidentiality.