

LCMHC Professional Disclosure Statement & Informed Consent for Mental Health Counseling

MyiShanka (Mya) McMillian, M.A, LCMHCS, NCC, CCTP

Office: 919-724-2427 Fax: 919-864-9629

E-mail: theempresshaven@gmail.com

Congratulations on your first step towards fighting stress & finding serenity; please know your wellness is my priority! I appreciate your consideration in creating a therapeutic relationship with me as your counselor. As a way of introducing myself to clients, I have provided you with a description of my background, the services that I provide as well as pertinent information regarding the counseling process. This document is also intended to provide you with the information needed to gain your consent to begin counseling services. Please note that you always have the right to consent to treatment together with the right to withdraw that consent at any time. Once your signature is obtained, I will place a copy in your file as well as give you a copy for your records. Please read through this document carefully & if you have any questions, I will be happy to clarify or answer any of your concerns throughout the duration of the counseling relationship.

Bio: My name is MyiShanka McMillian, I am a Licensed Mental Health Counselor, Motivational Speaker, Educator, and Transformation Coach. Like you, first and foremost, I am a human being with countless experiences that continue to shape life with beautiful highs and devastating lows. These extremes, coupled with my background in Education, Psychology, Mental Health Counseling, Trauma, and Mindfulness allow me to challenge and guide clients while relating to their struggles. With the use of counseling, I help clients recognize their inner strength, overcome obstacles, and develop a winning mindset. Together we work hand in hand, to personalize a toolkit to achieve and sustain a sense of personal power, wholeness, and transformation. Next to counseling, I host mind-blowing wellness retreats, Empress Get Up Career Counseling Sessions, and In-Class Wellness Workshops for youth, teens, and essential workers. In my spare time, I write poetry and Life Changing E-books that give participants an opportunity to press pause and set aside life's obligations to receive healing, build new habits, and improve overall health. I am the proud mother of Zion & Ziah Oliver, who give me strength daily to tear down walls of success.

My Qualifications: I hold a Master's Degree in Professional Counseling from Liberty University (September 2014) as well as a Bachelor's Degree in Family and Consumer Sciences with a concentration in Child Development & Family Relations from North Carolina Central University (May 2006). In December 2022, I opened up my own Mental Health & Wellness Private Practice after serving as a Mental Health Outpatient Therapist & Clinical Assessor for V.O.I.C.E. Therapeutic Solutions located in Raleigh, NC for five years (March 2016-2021). I am adamant about ensuring equitable access to Mental Health & Wellness that is culturally responsive, inclusive and provides access to therapists who understand each individual's unique experiences. I am also an active member of both the Licensed Professional Counselors Association of North Carolina (LPCANC) as well as the North Carolina Foundation for Alcohol and Drug Studies (NCFADS). In addition to completing over 2500 hours of individual, family, career, and group counseling services; I have also completed additional training in Crisis Counseling, Anxiety, Addiction & Recovery, as well as Cognitive Behavior Therapy. My work settings have included a domestic violence agency, a community mental health center, a substance abuse agency, as well as an at-risk youth program. Because of my increased interest in treating civilians who have experienced trauma; I am proud to announce that as of October 2015 I also became certified as a Clinical Trauma Focused Professional (CCTP).

Licensure: On March 11, 2016, I became fully licensed to practice as a Licensed Clinical Mental Health Counselor in North Carolina. On October 30, 2017, I successfully met the professional counseling standards established by the National Board for Certified Counselors, which extended recognition as a National Certified Counselor (NCC).

Counseling Background/Experience: In the last past sixteen years, I have joined members in our community to provide professional and compassionate mental health services. These services were designed to strengthen and help people through critical periods of transition. Since the client-therapist relationship is built upon trust, I also strive to display genuine warmth towards others. I am particularly committed to helping individuals maximize their potential through empathy, active listening, and effective counseling skills. I often work with clients who are struggling with life changes such as: adjustment to a developmental stage, recent trauma, or chronic issues such as: depression, anxiety, or drug addiction. I have experience working with children, adolescents, and adults in individual counseling, group, couples, and family settings. Because counseling is provided to a diverse clientele with various mental health and substance abuse diagnosis; I recognize that each client is unique and presents with his/her own counseling needs. For this reason, there is no one approach that may work best for everyone. With the help of various integrative models such as: person-centered counseling, cognitive behavioral therapy, and solution-focused models; I believe clients can make self-regulating adjustments. In the past, I have used various hands-on interventions, relaxation techniques, journaling, art therapy tools, as well as homework to provide further instruction to the concepts discussed during therapy.

Nature of Counseling: Counseling is a process in which you, the client, gain insight & tools that will facilitate continued growth & development throughout your lifespan. Because I believe you have the ability to find your own answers as well as grow during the process of achieving desirable goals; I see my role as a mutual partner and facilitator throughout the counseling process. I tend to place emphasis on teaching effective tools & self-help skills. There are many reasons why people seek counseling, but I believe it is an opportunity to gain a better sense of ourselves, our past experiences, and how we understand and relate to others. Overall, it is my goal to create a safe, accepting, and comfortable environment, which is conducive to allow you, the client, to grow in self-awareness while achieving goals. In my opinion, goals allow you to decide how your life will change, making sure that the change is in the direction that you want. Whether you are looking for emotional stability, enhancing life skills, or general self-improvement, I look forward to helping you address whatever counseling needs you may have.

Effects of Counseling: It is important to understand the risks and benefits of counseling. As you begin to uncover unpleasant aspects of your life during therapy, you should be aware that while counseling interventions offer potential benefits, they also present possible risks. Some of these aspects can cause uncomfortable feelings such as: fear, guilt, hopelessness, or frustration. On the other hand, therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, and overall improved well-being. Because it is difficult to predict or provide a clear estimate of time required for a client to reach his or her personal goals; it is important for clients to take the initiative to work on goals outside of therapy, remain open to the process of change, and be consistent with attending sessions. Although therapy provides the opportunity for self-regulating adjustments, I cannot guarantee any specific outcomes because you are responsible for taking action and being assertive in achieving your goals. Nevertheless, I will make every effort to discuss your progress and make changes in your goals &

treatment plan if necessary.

Session Fees and Length of Service: Individual Counseling Sessions are scheduled to be 45-50 minutes in duration, while group and family sessions tend to be around 90 minutes. The fee for an Initial 60-minute Evaluation & Assessment is **\$250.00** while the fee for a standard 50-minute Individual session is **\$100**. The fee for a 50-minute family, couples', and/or career session is **\$100** while a group session is **\$50.00**. My facilitation/In-Class Wellness Workshop / Alternative Peer Groups (APG) rate is **\$150/hour** while Wellness Retreats can range from **\$600-\$1,200**. Please note, I do not bill health insurance for services at this time; however, I do offer a sliding scale. It is important to note that all fees are due at the time the service is being rendered. For your convenience, I accept payments through simplepractice, check, square, and credit card payments. Because we are committed to improving behavioral health, especially in rural and underserved communities where care can be most scarce; we offer free, discounted, or low cost services using in-kind donations and sliding scales. For youth, children, teens, and families enrolled in Purpose Learning Lab, POOF, Graced, Inc, Families Moving Forward, and/or C.C. Spaulding Elementary; we invite you to apply for a Mental Health Scholarship using our sliding scale.

Cancellation policy: With the exception of an emergency, you are required to give 48 hours' notice prior to canceling or rescheduling an appointment. Clients are seen by appointment only. If you must cancel or change an appointment you will be charged a fee of \$75.00 for the scheduled missed appointment. If you are late for an appointment, I will be honored to see you for the remaining time available, but you will be expected to pay your normal fee. Please understand that work conflicts, childcare issues, double booking appointments, or simply forgetting your appointment are not emergencies & you will be held responsible for the scheduled missed appointment fee. Please note that a recurring problem with missed appointments and/or nonpayment for services may result in termination of services. Because I value the nature of therapy, I may not always be readily available by phone. Should you need to speak with me outside of our session time, I encourage you to leave me a message. To better serve you, I generally strive to both check & respond to my messages within 24 hours.

Use of Diagnosis: I utilize the Diagnostic and Statistical Manual of the American Psychiatric Association Fifth Edition (DSM-V) to make clinical diagnoses. A diagnosis is a description of a pattern of behaviors. While I do not accept insurance at this time, it is generally important for clients to understand that some health insurance companies will reimburse clients for counseling services, and some will not. Should you wish to use an insurance policy for counseling services, it is your responsibility to contact your insurance company to inquire about specific coverage for mental health services. Please note that most insurance companies require a psychiatric diagnosis (a mental-health condition or "illness) in order to reimburse for mental health counseling. To add, 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. Please be aware that any diagnosis made will become part of your permanent insurance records.

In addition to a diagnosis, some insurance companies may also request treatment plans and summaries. Upon client's consent, diagnoses and other clinical information may be shared if a client transfers to another therapist or if collaboration is necessary with a client's physician or psychiatrist. As a counselor, I am unable to prescribe medication. In the event that a referral is necessary, a medical doctor or nurse practitioner will appropriately evaluate the situation and make their suggestions for treatment.

Clients Rights/Termination: The fact that you are seeking counseling demonstrates your commitment to

your mental and emotional health as well as your inner strength in identifying when seeking support is necessary. Some clients tend to master their goals in only a few counseling sessions while others may require months or even years of therapy. Throughout the counseling process, the goals for therapy will be reassessed and you have the right to refuse or discuss modification of any counseling techniques that you find unrealistic or harmful.

As the client, you are in complete control and may end our therapeutic relationship at any time; however, I ask that you participate in a termination session. If you decide to discontinue therapy abruptly and without notice, I will call you no more than two times to follow up with you within two weeks of our last session. If you do not return my calls, your file will be closed, and it will be noted that you terminated therapy without notice or consultation.

Emergency/Crisis: Please note that I do not provide emergency or crisis services. Should you have a mental health emergency please go to your nearest hospital emergency room, call 911, or contact Holly Hill Respond Hospital at (919) 250-7000, 3109 Falstaff Road, Raleigh, NC 27610. Crisis staff at Holly Hill is available 24 hours a day to assist you by telephone or at the facility.

Confidentiality: Upon opening your case, I will create a file that contains all information provided by you, as well as my own documentation. Please note that all of the information I record in your clinical file will be kept confidential and is accessible to you upon request. Having confidentiality and trust is essential to your therapeutic experience and outcome; however, exceptions to confidentiality do exist.

These exceptions include but are not limited to the following situations: (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), (c) I am ordered by a court to disclose information, or (d) If I feel it would be helpful to me to obtain consultation with my supervisor about your case. The purpose of clinical consultation and supervision is to provide you with the best quality of care.

Complaints: Because I am committed to establishing a nurturing relationship with all clients; I am open to receiving feedback if you feel that this goal is not being achieved. If you are unhappy with any aspect of the services that I provide, please feel free to discuss any concerns with me. This will allow us to resolve conflict in a more collaborative nature. If you feel that I am unable to resolve your concerns, you may contact my supervisor, Dr. Grover B. Hall at (919) 641-1555. You may also 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 Clinical Mental Health Counselors

P.O. Box 77819
Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450
E-mail: Complaints@ncblcmhc.org

Office Hours: Individual, Couple, and Family Sessions are normally scheduled during the weekday on

Monday, Wednesday, and Fridays. My office hours are Mondays: 10:00am to 2:00pm/6:30-9:30pm, Wednesdays: 10:00am- 7:00pm, and Fridays: 9:30am- 12:30pm. I generally offer weekly support groups on both Monday & Wednesday Evenings from 5:30 to 7:00 pm and Saturday Mornings 10:00-11:30 am. In addition to my office hours, I provide about 20-35 hours a week of outpatient therapy for a non-profit organization.

Consent to Treatment: By your signature below, you are indicating (a) that you voluntarily agree to receive mental health assessment and mental health care, treatment, or services, (b) that you authorize me to provide such assessment and care, treatment, or services as I consider necessary and advisable, (c), that you agree to pay for sessions out of pocket, and (d) that you have both read and understood this document and agree with the conditions outlined.

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Parent/Guardian Name (if minor): _____ Date: _____

Counselor: _____ Date: _____