

***InsideOut Counseling***  
**4317 N. Hwy 16 Business**  
**Denver, NC 28037**  
***info@inside-out-counseling.com***  
**(704) 483-5505**

## Professional Disclosure Statement

### **Buffie B. Eller, M.A., LCMHC**

Thank you for the opportunity to serve as your counselor. This information is designed to inform you about my educational and professional background, and to ensure that you understand our therapeutic relationship. I am committed to providing you quality, professional counseling, and I invite your questions and comments at any time. Please take the time to read this information as it will also inform you of your rights as a client.

### **EDUCATION and CREDENTIALS**

In 1998, I received my BA in Human Services from Montreat College. I worked for eight years with various agencies including DSS and Mental Health Services to care for children with mental and behavioral problems. During this time, I also acquired personal experience with adopted and foster children. In 2007, I returned to college to pursue my Master's Degree in Counseling from Lenoir/Rhyne College. As part of my clinical requirements, I completed an eight month internship with Samaritan Care and Counseling Center in Statesville, NC. In 2010, I graduated with my Master of Arts degree in Agency Counseling. After graduating, I acquired my North Carolina license as a Licensed Clinical Mental Health Associate (LCMHCA) in April 2011. Shortly after receiving my LCMHCA, I opened my own private practice in Denver, NC which I own and operated for 8 years. After 3,000 hours of supervision practice, I became fully licensed as a Licensed Clinical Mental Health Counselor (LCMHC # 8675) in December 2019. I am currently still operating my private practice in Denver, NC.

### **COUNSELING SERVICES OFFERED/THEORETICAL APPROACHES**

I provide counseling to individuals, couples, families, and groups. I serve people experiencing a variety of problems and disorders. My services include counseling individuals who are experiencing stressful life changes, anxiety, depression, family concerns, grief and loss, relational conflicts, and assistance in the areas of self-awareness or problem-solving. I work with people who are in the midst of crises as well as those who struggle with chronic stressors. I help couples that are experiencing dissatisfaction and conflict in their relationships. Furthermore, I work with parents and families who are seeking to improve their relationships and create home environments that nurture and promote health and wellness.

In addressing client issues, I consider the whole person: body, mind, and spirit. My desire is to work from the inside-out by focusing on underlying beliefs and emotions that keep a person from a healthy relationship with self and others. I work primarily from a Cognitive-Behavioral and Adlerian perspective, but utilize an integrative approach based on the unique needs of each person. My counseling is informed by a faith-based foundation. Therefore, I am open to facilitating exploration in this arena of life as one facet of your personal growth experience if desired. It is your choice whether you want to address any spiritual needs during the counseling process, and as your counselor I would never deliberately impose my personal beliefs on you.

When determining a clinical diagnosis, I refer to the Diagnostic and Statistical Manual, Volume 5. This diagnosis becomes part of your permanent record. It is important to realize that your insurance company also receives a copy of this diagnosis. I am committed to provide therapy that respects the rights to self-determination. I will seek to understand the concerns from your perspective and work in collaboration with you to find effective outcomes. I will utilize particular approach(es) that I believe will assist you and me in our journey towards attaining desirable goals. Together we will work to (1) set realistic goals, (2) develop a clear plan for helping you reach your goals, and (3) work with you to help you meet those realistic goals. Periodically, we will evaluate our progress and if necessary, redesign our treatment plan, goals, and methods.

My desire is that you will be committed and engaged in the therapeutic process. It is important to realize that your active involvement in the counseling process will be a significant determinant of successful outcome.

## **BENEFITS AND RISKS OF THERAPY**

People come to counseling because they want something to be different in their lives. They may want to solve a particular problem, change their family situation, or find support and comfort. The counseling process can be enjoyable and rewarding, but at times it can also be very challenging, difficult, and even painful. However, the goal will always be to bring about positive change. As with any successful intervention, there are both benefits and risks associated with counseling. Risks may include experiencing uncomfortable feelings such as: anger, sadness, anxiety, guilt, frustration, and/or having difficulties with other people. Some changes may seem to lead to worsening circumstances initially, but over time, with consistent responses, improvement should be experienced. Our initial meeting, we will assess your current needs and concerns, and decide if we can work together to address them. We will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further counseling or assistance. Please discuss with me any questions or concerns that may arise during the course of our work together so that I can support you in your efforts to achieve your goals. If at any point, you are not benefiting from counseling services or have met your therapeutic goals, then we will end our counseling relationship. If at any time you require services beyond what I can competently provide (i.e. psychological testing or medical evaluation), then I will refer you to another professional or agency. You, as the client, may discontinue counseling services at any time as this is not a contract for services.

## **CONFIDENTIALITY**

All information you share and the work you do with me in counseling is kept in professional confidence. Your personal information you share with me is protected under the Health Portability and Accountability Act of 1996 (HIPAA). Further, I am ethically bound by the American Counseling Association 2014 to honor the confidential nature of the counseling relationship. I keep a confidential file and your personal information will not be shared beyond the counseling office. You own your information and it will not be shared with the following exceptions:

1. Clients or legally appointed representatives have signed a Release of Information allowing specific information to be exchanged with an identified agency.
2. Clinical supervision is explained to clients and agreeable to them.
3. Clients have revealed suicidal/homicidal thoughts and/or behaviors and/or if clients are a harm to themselves or others. This also includes danger of contagion of life-threatening disease.

4. A court has ordered the release of confidential information without client consent.
5. The counselor has legitimate reason to suspect or believe that a child or elder is being abused, at which time it is the counselor's ethical and civil duty to report such abuse to proper authorities.

Whenever possible, clients are told in advance of outside authorities' involvement in treatment or request for confidential information. Only necessary information is shared when confidential information is released. The same confidentiality is afforded minors as adults. However, parents or legal representatives may be notified of information pertinent to their understanding and/or care of their child. I do not aspire to be involved or testify in court cases. If I am mandated to court the fee for court appearances is \$200.00 per hour including travel time, and will be paid by the party who issues the subpoena or whom the judge designates.

In addition, I do occasionally take part in peer supervision and/or consultation with other experienced counselors to gain perspectives and ideas to help you better reach your goals. These meetings provide additional insight and direction which can be extremely beneficial to the client. All meetings are conducted in a manner that safeguards the client's confidentiality.

## **DUAL RELATIONSHIPS**

As a counselor it is part of our ethical code that we maintain professional relationships with our clients. That being said, I am advised against accepting gifts or invitations to attend a social gathering from my clients.

## **LENGTH OF SESSIONS**

Each session will last approximately 50 minutes in length unless agreed upon beforehand. Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me no sooner than **24 hours** before the appointment time. Appointments and cancellations may be made by calling 704-483-5505. **You will be responsible for payment for any missed or cancelled 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.

## **FEES/METHODS OF PAYMENT**

Client fees are used to support the counseling services that InsideOut Counseling provides. The usual, customary, and reasonable fee for services is \$140.00 for the initial clinical interview and \$125.00 for each counseling session thereafter. **My fee is 115.00 for the initial clinical interview and 95.00 for all follow-up sessions.**

*Payments can be made in form of cash, check, or credit card. Please be aware that only three types of credit cards are accepted: MasterCard, Visa, & Discover.*

Checks should be made payable to: ***InsideOut Counseling***. A service charge of **\$30** will be added to **your balance for any check or charge card transaction returned for insufficient funds.** This charge may be in addition to any charges imposed by your financial institution.

Please be aware that your balance must be kept current. If at any time your balance exceeds the agreed upon payment amount for two sessions, services will be suspended until the balance is paid and/or you develop a balance reconciliation plan with your counselor.

#### **BILLING/INSURANCE REIMBURSEMENT**

I am choosing to only accept private pay at the time. I may pursue insurance paneling in the future. However, currently you will not be able to file for insurance reimbursement for services that I render.

#### **GRIEVANCE PROCEDURE**

If at any time you have concerns or complaints, please inform me immediately. This will make our work together more productive. If you think that you have been treated unfairly or unethically by me or another counselor, and cannot resolve this problem with me, you may contact the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) at P.O. Box 77819, Greensboro, NC 27417. Phone: (844) 622-3572. Email: LCMHCinfo@ncblcmhc.org.

**After reading the above information about your rights and responsibilities as a client, please sign below acknowledging that you understand this disclosure statement and consent to engage in a therapeutic relationship with Buffie B. Eller, MA., LCMHC.**

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Buffie B. Eller, M.A., LCMHC

\_\_\_\_\_  
Date