

Counseling and Spirituality

George Campbell Hage, Ed. D., Ph. D., LCMHCS, 3151 Reynolda Road NW, Winston-Salem, NC 27106,

Tel: 336-749-4163, email: george@counselingandspirituality.org

Professional Counseling Disclosure Statement and Agreement of

George Campbell Hage, LCMHC, LCMHCS

Introduction

Thank you for considering me as your professional counselor and therapist. I am a therapist counseling with adults beginning at age 16 through their senior years. Information regarding my background, education, theoretical approaches, service cost policies, and expectations are listed as follows.

Name, Address, Phone Number and Website

George Campbell Hage, LCMHCS, Counseling and Spirituality. My telephone number is 336-749-4163. My address is 3151 Reynolda Road NW, Winston-Salem, NC 27106. Further information may be found on Psychology Today, Good Therapy, Therapy Tribe. Being Seen, Open Path Collective, and www.counseling-and-spirituality.business.site/?m=true; My practice ministry email is george@counselingandspirituality.org

Graduate-Undergraduate Education

Doctor of Education: Education and Curriculum, Social and Cultural Foundations, University of North Carolina at Greensboro, 1990.

Master of Education: Education and Curriculum, Social and Cultural Foundations, University of North Carolina at Greensboro, 1984

Doctor of Philosophy: Eastern Orthodox Studies, Pole Universitaire Euclide, Central African Republic (2013).

Bachelor of Arts in Biblical Education, Lancaster Bible College, formerly Washington Bible College, Lancaster, Pennsylvania, 1970.

Bachelor of Arts in Education, Music K-12, Marshall University, Huntington, West Virginia, 1970.

Counseling Licenses and Certifications

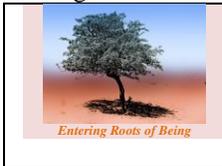
NC Licensed Clinical Mental Health Counselor Supervisor (LCMHCS): #S2165, 2011, NC Licensed Clinical Mental Health Counselor (LCMHC): #2165, 1995, NC Board of Licensed Clinical Mental Health Counselors, <https://ncblcmhc.org/> Tel: 336-217-6007 of 844-622-3572.

Other Pertinent Information

I provide specific areas of counseling not as a specialist in those areas of counseling holding licenses or certifications, but as they occur in the context of my client needs and personalities, their cultural and spiritual backgrounds and needs as facilitated by my extensive educational backgrounds, in education, cultural and psychological anthropology, music, philosophy, and religious studies. I am a therapist specializing in the counseling of men and women 16-99. I have developed strong diagnostic and treatment skills working toward the wellness of Clients.

Firstly, I am a Licensed Clinical Mental Health Counselor who does Substance Abuse Counseling and am registered with the *North Carolina Substance Abuse Practicing Board* to do such (2013).

Secondly, I counsel the Client not only individually, but in the context of his or her family as an Licensed Clinical Mental Health Counselor, not as a Licensed Marital and Family Therapist.



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Thirdly, I am not a licensed school counselor, but I provide educational counseling on the basis of the Doctorate in Education in Curriculum and Teaching, with previous experience in teaching as a NC Licensed Teacher (K-12) and in the community colleges.

Fourthly, I counsel a strongly culturally diverse group of Clients with the majority being Caucasian, African American and Hispanic and holding varied beliefs and spiritualities. I work with them as an LCMHC/LCMHCS and do not hold licenses or certificates in multicultural counseling or pastoral counseling. I refer you as my prospective Client to my educational background in religious studies, philosophy, cultural anthropology and education. I have also served in the ordained ministry since 1984 and the ordained priesthood since 2014.

Other Professional Memberships:

Kappa Delta Pi (2004): Member at Large. (Note: An Education Honors Fraternity.)
 North Carolina Counseling Association, #91645, from 10/2017 through current.

Counseling Areas of Competency Offered

Experience, population (clientele and focus)

I have been a practicing Licensed Clinical Mental Health Counselor in North Carolina since 1995, the year of my licensure through the North Carolina grandfather clause. In reality, I had begun practicing since 1989, and have always been working under professional supervision from licensed and experienced practitioners. Also, in May of 2011, I became a Licensed Clinical Mental Health Counselor Supervisor, a credential that enhances my Counseling License due to gaining positive counseling expertise due to receiving quality clinical supervision. Nevertheless, my clinical counseling expertise lay in the areas of *substance abuse, spirituality, mental health, and education counseling*. I have acquired effective experience in *the counseling approaches of individual, family, couples, and group therapy*. The ages of my population range from 16 through 99 years of age. My principle focus is to facilitate reconciliation and problem solving through trials, changes in life, and crises. These include substance abuse, legal obligations, family conflicts, weak relational and social skills, mental health issues, behavior and learning deficits, and little or no skills in planning and goal setting for school performance and vocational preparation.

Places of Service and Experience

I am listing my clinical counseling experience along with my supervisors beginning with my current place of employment. These are as follows:

Therapist: Counseling and Spirituality, 3516 Vest Mill Road, Winston-Salem, NC 27103, George Hage, LCMHCS, Lead Therapist and Owner, (03/01/2019 to Current)

Adult Therapist: Evaluation and Education Services, LLC: 2910 Briarcliffe Road, Winston-Salem, NC 27106. Dr. Andrew Smiler, Ph. D., LPA, Associate and Owner, 336-749-4163 (09/2019-02/2019)

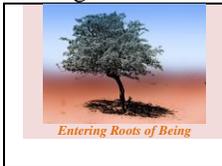
Adolescent Therapist: Insight Human Services: 665 West Fourth Street, Winston-Salem NC 27101, James Harner, M.Div., CCS, Clinical Officer, 336-725-8389, x291 (02/06 to 09/18).

Therapist and Chaplain: Seven Homes Foster Care and Adoption Agency, Inc., 1312 Hamilton Place, Suite 101, High Point, NC, 27262, Kenneth B Maxwell, Executive Director, 336-542-3307 (10/98 to 10/04).

Youth and Family Therapist: Catholic Social Services, 621 West Second Street, Winston-Salem, NC 27101, David Harold, M. Div., LCSW, Director, 336-659-1599x103 (06/93 to 10/98).

Social Worker, Elon Homes for Children: P.O. Box 157, Elon, North Carolina 27244, Tom Culver, M. Ed., Supervisor, 919-872-6447 (11/92 to 06/93).

Social Worker, Therapist and Team Leader: The Children's Home, Inc., 1001 Reynolda Road, Winston-Salem, NC 27104, Larry B. Sharpe, MSW, LCSW, 336-748-4007 (11/89 to 09/92).



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Counseling Services and Theoretical approaches

Via historic and evidenced based approaches and methods of counseling and spirituality, I offer individual counseling, couples counseling, group counseling, and family counseling. I apply the techniques of Solution Focused Therapy, Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and Positive Psychology to problems relating to Substance Abuse and Mental Health as they occur though the challenges of life's trials. The human condition displays trials arising through the afflicted body, soul, mind, and environment of humankind. These therapies are often applied in conjunction with other reputable therapies from the humanistic and spiritual schools of psychotherapy. These most likely are person centered therapy, mindfulness therapy, biblical therapy, and logotherapy and some techniques of expressive arts therapy.

To both facilitate and enhance our therapeutic relationship, we will, firstly, specify the goals, focus and methods, risks and benefits of treatment, the appropriate time commitment involved, financial costs, and any other issues that may be specific to your situation. Secondly, we will formulate a plan, which is agreeable to us both, and, thirdly, during the counseling process, we will periodically assess our progress, and if deemed necessary, update and/or alter our treatment plan, goals and methods to achieve those goals.

Counseling includes your active involvement and the desire to change your thoughts, feelings, and behaviors. Positive growth and change are most likely to occur when you take an active role in the counseling process. This will require that you work both in sessions and outside the counseling sessions. This outside work may include homework assignments, exercises, writing letters or in journals, readings, and possibly other projects. Counseling may also require long-term efforts and may impact on your relationships with others. Although some changes may occur rapidly, others may occur more slowly and appear less obvious. Even though no quick fixes or magic cures may be realized, I believe your commitment to counseling and a willingness to address issues and concerns are significant in relation to reaching goals and making positive, long-lasting life changes.

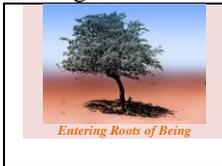
As with any method of intervention, benefits and risks are associated with counseling and therapy. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger or frustration most likely emanating from the shadow of your traumatic past. As stated earlier, you may begin to experience difficulties with other relationships. Also, some of the feelings you may experience and some possible life changes may lead to what appears to be a worsening of circumstances or losses (for example, counseling will not necessarily keep a relationship intact).

Clients that I work with are psychologically "healthy" and seek counseling for difficulties that occur resulting from normal life events. I do not work with clients whom, in my professional opinion, cannot be assisted by using the approaches and techniques I have available and which fall within my areas of education and training. I have a special interest in working with individual adults, families, couples, and their relationships, adjustment concerns in adolescents, learning problems and concerns, adolescent and adult substance abuse, and with individuals working on personal and spiritual growth issues.

The length of our sessions will average 60-90 minutes depending upon the needed progress and focus of the client. If you as client find that you are unable to keep a scheduled appointment please inform me **at least 24 hours in advance**. Likewise, I will do the same if I cannot keep an appointment with you.

Financial Policies

Please note that I, as your therapist, am the Lead Therapist of Counseling and Spirituality. As a ministry of counseling, through myself as priest and not through my church. I charge for counseling services according to the needs and ability of clients to pay. I will turn no client away who truly wants to work with me due to finances. I currently accept no insurances. I also accept credit cards, cash, check, and other means such as PayPal, Cash App, and Venmo. *As each client's situation is unique in relation to fees for service, I assist in determining how counseling fees are paid. If your fees are determined on your income or ability to pay for services, I will negotiate this with you, and if necessary, I will advise you on setting up a monthly affordable budget for counseling.*



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Ethics and Confidentiality

I will do all that is possible to keep therapy sessions confidential. I adhere strongly to the reality that our conversation and records resulting from sessions are privileged information and are protected by state and federal law and the ethics of the North Carolina counseling profession. In addition, as a therapist, treating adolescents and students of middle school, high school and college age, understands that students 18 years and older are adults by law and so must sign a release of information and disclosure allowing this Therapist to speak with parents as necessity would dictate. Confidentiality, also applies to my adult population of 18-99. However, as your therapist, I will do all possible to protect the confidence of adults, adolescents, and students in therapy. However, there are exceptions to this protection of confidentiality, which are in accordance with state law and the ethics of the North Carolina counseling profession. These are listed as follows:

1. If the Client demonstrates that he or she intends to harm him-or herself leading to the high probability and the direct act of suicide;
2. If the Client demonstrates that he or she intends to harm someone else leading to the high probability of homicide and the direct act of homicide;
3. If the Client demonstrates that a child or elderly person has been, is being, or will be abused or neglected;
4. If a judge orders through subpoena the release of information gathered in sessions (In this case, the Insight Human Services Records Office has charge of Clinical Records and will turn over all records as juridically ordered.);
5. If this Therapist is being supervised by another clinical professional adhering to professional counseling ethics (such as my former Clinical Supervisor at Insight Human Services or another clinical consultant such as a Licensed Professional Counseling Supervisor, a Licensed Clinical Social Worker, a practicing MD psychiatrist, or a practicing licensed clinical psychologist) for the purpose of facilitating the Client's realization of his or her counseling and therapy goals.

Also, the ethics of the North Carolina counseling profession forbid me from engaging in *dual relationships* with Clients or their parents and families. This means that this Therapist **cannot form social or working relationships** with the Client and his or her parents and family outside of the professional relationship. Essentially, our relationship is limited to that of Counselor and Client with our focus remaining on the goals of the Client's treatment plan.

Social Media: Although I may participate in social media activities, I maintain clear boundaries between my personal and professional life. Please do not be offended, but I do not accept requests for connection through social media sites from my clients, former clients or their family when your insurance company disallows it.

Note: Should the Client be referred by his or her school for a drug or behavior offense or citation, **all of the rules of therapeutic relationship remain confidential.** However, the behavior or drug offense citation is often placed on the client's student record. This record is open to the public, i.e., prospective employers, military recruiters, college and sports recruiters and scholarships recruiters. The therapist cannot take responsibility for this. However, the Client is encouraged by the therapist to meet the school's requirements by satisfying the drug or behavior offense which also is placed on the said student record.

All in all, save for the above exceptions, I will protect the confidence of sessions and will only share information permitted by the Client and parent by signing a release of information or disclosure. I will adhere to Codes of Ethics of the North Carolina Board of Licensed Clinical Mental Health Counselors and the American Counseling Association (cf. <http://www.counseling.org/Files/FD.ashx?guid=ab7c1272-71c4-46cf-848c-f98489937dda>).

Degrees and Education: My doctorate degrees are not specific to myself as a counselor. Yet, they are listed as a vital part of my education as are my other degrees. The academic preparation behind these degrees contribute much to my expertise as a counselor along with the education and training that I have received specifically as a counselor, but you, my client, must understand that myself as a doctor of education and a doctor theology do not define me as a doctor of counseling or any other mental health discipline.



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Procedures of Complaint

Should the Client or parent(s) find that they are unsatisfied with any aspect of the counseling process, please notify me so that we may work through the clinical problem or problems that you see yourself experiencing while maintaining ethical standards. This Therapist will do everything possible and within the range of probability to help Client and parent(s) resolve the problem or problems. The Therapist works in conjunction with competent and licensed clinical staff. Relatively, if such problems arise, the Therapist can avail himself of team guidance and support from this staff. The Client and/or parent(s) may notify this Therapist directly in person or by telephone or email as indicated on the business card that the Therapist gives them. Overall, when all is said and done, should the Client and parent (s) feel that there is a ***breach of ethics in the counseling relationship on the part of the Therapist or that the Therapist is a felon***, the Client and parent(s) may contact the following:

North Carolina Board of Licensed Clinical Mental Health Counselors
 7D Terrace Way
 Greensboro, NC 27403
 Post Office Box 77819
 Greensboro, NC 27417
 Tel: 336-217-6007 or 844-622-3572
 Email: LCMHCinfo@ncblcmhc.org

Responsibilities of the Client

The Client and/or parent(s) are responsible for setting and keeping their appointments. The Counselor must be informed of the Client's inability to keep an appointment at least within 24 hours in advance. The Counselor may be reached directly by voice: 336-749-4163 or email: george@counselingandspirituality.org.in. The Client or parents of the Client are expected to pay agreed upon fees in a timely manner. The Client and/or parent(s) are also responsible for following agreed upon goals that took place during the session of the Clinical Assessment. At the same time, they will be actively involved in the modification of any treatment goals. The Client and/or parent(s) are responsible for his or her actions through refusal of treatment or adherence to the instructions of this Therapist. Parent(s) and/or Client are also responsible for following the Counseling and Spirituality rules and regulations affecting Client care and conduct. The Client and/or parent(s) must demonstrate the responsibility of holding in strict confidence other Clients' mental health and substance abuse, which may be obtained during group therapy and in socialization. The Client and/or parent(s) must demonstrate the responsibility to keep me, the Therapist informed of his or her progress toward meeting agreed upon treatment goals and to terminate the counseling relationship before entering into an arrangement with another counselor. Please feel free to present any questions and concerns that you may have so that this Therapist may address those questions and concerns. This will help to facilitate the Counselor-Client and/or parent relationship.

Consent for Treatment

By signing below that you have read this disclosure statement, that your questions have been answered and that you understand all the information contained herein. Your signature also indicates that you are consenting to receive counseling services from this Therapist.

Signatures

Client: _____ Date: _____

Client: _____ Date: _____

Guardian: _____ Date: _____

Counselor: _____ Date: _____