

StoneBuilders Counseling @ The Counseling Center  
Rosella Edwards-Easley, M.S., LCASA, LCMHCA  
Licensed Clinical Mental Health Counselor Associate  
Main Office: (336) 661-8142  
Direct Line: (336) 866-9526

### Professional Disclosure Statement

#### Qualifications:

I am a Licensed Professional Counselor practicing in North Carolina. I received my Master of Science in Mental Health/Substance Abuse from Palm Beach Atlantic University located in West Palm Beach, Florida. I have 5 years of experience as a counselor and over 20 years as a community outreach partner. I am a current member of the South Florida Christian Counseling Association.

#### My Licensures:

Licensed Clinical Addictions Specialist Associate  
Unique Identifier LCAS-24307  
Since Date 8/17/2018  
End Date 4/2/2023  
Disciplinary Action: No

Licensed Clinical Mental Health Counselor Associate  
License #: A14670  
Status: Active  
Issued: 02/18/2019  
Expiration: 09/28/2020

I am a wife and the mother of 5 living children. I completed my education while rearing children and caring for family. My interest was sparked after learning of my own children social, emotional, and behavioral deficits. I pursued my undergraduate, Masters and ongoing professional training to help other families overtaken by these faults not of their own. I have a wealth of knowledge that involve the life span. I provide a safe place for clients to explore issues that pose as strong holds in their lives. I bring an array of experience to the counseling field that can assist individuals, families, and groups battling with co-morbidity in mental health and substance abuse counseling. My commitment to the counseling field stems from my own familiarity and belief that each person has great value from God's perspective. This worldview allows me to provide hope for the hopeless in each counseling relationship without prejudice and/or discrimination.

#### Therapeutic Approach:

My primary therapeutic method is Cognitive Behavioral Therapy which looks at how your automatic thoughts, beliefs and self-talk interact with your behaviors. Other therapeutic approaches that I use include the implementation of Play Therapy Skills

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and Techniques, Dialectic Behavioral Therapy Skills (DBT), Motivational Interviewing (MI), Adolescent Community Reinforcement Approach (ACRA), and Family Centered Therapy(FCT) which are evidenced-based therapies. The North Carolina Board of Certified Counselors (NBCC) have approved of these trainings delivered by Licensed and Professional Educational Entities. My having knowledge and experience in multiple modalities allows me to provide an integrative approach to the therapeutic alliance that fits the individual client, the family, and/or group.

#### Confidentiality:

The information you share in counseling session will be held as confidential as required in the Health Insurance Portability and Accountability Act (HIPPA). As a counselor, I am required to break confidentiality in the following instances:

- 1) In cases of child abuse or neglect or elder abuse or neglect
- 2) In cases of imminent harm to yourself or others
- 3) In cases where a signed release of information to coordinate care with another healthcare provider or to bill for insurance purposes
- 4) In cases where a court order is presented from a judge

In couples counseling, the couple is the client so information between the parties cannot be guaranteed confidential and both signatures will be required for release of information.

#### Counseling Sessions:

Counseling sessions last approximately 50 minutes. We will discuss your desired goals and develop a plan, including frequency of sessions. Your participation is important in working through the issues you bring to each session. Homework may be assigned to support the counseling process.

#### Use of Diagnosis:

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. 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. Any diagnosis made will become part of your permanent insurance records.

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**Fee:**

Payment may be made by various payment sources excluding checks to: Stonebuilders Counseling or Rosella Edwards-Easley. Fees and co-pays are due each session unless previous arrangements have been made.

Initial Phone Consultation: Free

50-minute session: Adults \$150.00 Adolescents 13-17 \$125.00 Children 3-12 \$105.00

Assessments: Adults \$210.00 Children \$175.00

**Cancellation Policy:**

Cancellations must be made to (336)866-9526 within 24 hours of notice.

Failure to provide enough notice will result in a \$40.00 charge for the first occurrence with the full fee required for subsequent occurrences.

**Insurance Billing:**

This office does provide billing services for insurance; however, you will be required to call your insurance company and receive prior authorization. You will be financially responsible for any fees not covered by insurance.

**Court Appearance:**

Custody evaluations and court appearances are not part of my practice. I will not appear in court on any one partner's behalf in a custody dispute. If subpoenaed for court, my fees are twice my hourly rate, not including time in court, travel and preparation time.

**Multiple or Dual Relationship:**

The professional, confidential relationship required for therapy limits other contact with me, including other business or social settings. This is to protect your confidential counseling process and is part of a counselor's ethical code.

**Use of Social Media:**

Once information is put out on the web or other social media services, it is permanently available to anyone. For this reason, neither Stonebuilders nor I will respond to any online review or social media requests. We discourage you from rating or commenting on our services as this leaves you open to losing the therapeutic confidentiality.

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**Ethical Concerns:**

Although clients are encouraged to discuss any concerns with me, you may 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 Professional Counselors**

P.O. Box 77819 Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

LCMHCA Supervisor:  
George Hage, Ed. D., Ph. D., LCMHCS #S2165  
3516 Vest Mill Rd., Winston-Salem, NC 27103  
(336) 749-4163 Email: [revgeorgechage@gmail.com](mailto:revgeorgechage@gmail.com)

Acceptance of Terms We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Date: \_\_\_\_\_