

LPC, Professional Disclosure Statement  
Megan Murphy, LPC  
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704.237.0886

**QUALIFICATIONS**

Western Carolina University  
Appalachian State University

MAEd, School Counseling May, 2004  
BS, Interpersonal/Organizational Communication May, 2001

I have been working in a private practice setting since 2005.

**CREDENTIALS**

Licensed Professional Counselor, License # 5132

December, 2005

*The following information is a Disclosure Statement. As a Counselor in North Carolina it is part of our professional practice to provide clients with an introduction to the services they will be receiving.*

**POPULATIONS SERVED**

I have had over 10 years experience of working with children and adolescents in schools, their homes and in private practice setting. My clientele currently spans the life span with seeing children, adolescents, and adults. Some of the areas that I have had experience and training include adolescent life transition, divorce, Attention Deficient Hyperactivity Disorder, anxiety, mood disorders, couples counseling and social skills groups for children/adolescents.

**SESSIONS & PAYMENT**

Fees for counseling services are cash, check or credit card. Payment will be made after each session, and will be calculated according to the length of the session. Sessions will range in time depending on the client's needs. Insurance may be billed for sessions at a rate of \$150. Sliding scale fees are available. If you are unable to attend a scheduled session you will be responsible for payment of that session. Cancellations without being charged need to be made before 24 hrs. of your scheduled appointment. This charge is necessary due to me holding that spot especially for you.

**PRIVILEGED COMMUNICATION & CODE OF ETHICS**

It is important for clients to know that the services provided to them will be kept confidential. A major function of the counseling process is to provide a safe and trusting relationship that gives clients the opportunity to share information knowing it will be kept in confidence. It is in the client's best interest to be provided the opportunity to participate in confidential conversations. Breaking this confidentiality without the permission of the client jeopardizes the effectiveness of the counseling process. Exceptions to the ethics of confidentiality are stated below, in accordance with state law:

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (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), or (c) I am ordered by a court to disclose information.

\*\*Please also be aware that the relationship of privileged communication is only granted to the clients that I serve. I am unable to provide confidentiality to family members or other individuals that may attend and or offer information by phone or email. This applies to parents that may be in a separation and or divorce situation. For example, any information that is shared with me by one parent may be made available to the other parent.

**REGISTERING A COMPLAINT**

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)

**COUNSELING PHILOSOPHY & TECHNIQUES**

To me, counseling is a process in which a client and a counselor come to understand and trust each other in order to pinpoint and define present problem situations. From there the counselor and client develop goals for an improved quality of life. My counseling philosophy is a blend of theoretical approaches including Cognitive/Behavioral, Reality Therapy, Play Therapy and Dialectical Behavior Therapy.

**DIAGNOSIS**

Many insurance providers mandate that a client must be given a DSM-V diagnosis in order to be reimbursed by the client’s insurance provider. It is important that you are aware of this information, because once a mental health diagnosis has been given, the diagnosis becomes a permanent part of the client’s medical record. It is your right to know a diagnosis you may have been given and then decide if you would like insurance to have this information. If you have questions for me about diagnosis please let me know.

**CONTACT**

I can be contacted by phone or by email. If you choose to contact me by email please be aware that my email address is not password protected. I advise that information that you send by way of email be cryptic in nature by not using a client full name.

I can also be contacted by phone at 704.237.0886. I am only in my office part time hours but I do check my office messages daily. If a message is left on a non working day, calls may not be returned until the next office day. If the message is an emergency it will be returned within the next 24 hours. If you cannot wait 24 hours for a return call please visit your nearest emergency room or call 911.

If you have read and understand the above disclosure statement, and agree with the provided services and philosophy, please sign and date the form below. When working with minors I would ask that they be present while going over terms and conditions of therapy, and also sign the form below so as to show an understanding of the therapeutic process.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_