TRINITY COUNSELING SERVICES LLC
1801 North Tryon St Ste 311B
Charlotte NC 28206
(704) 333-2446 (704) 333-2447 fax
Trinitycounselingcharlotte.com melissatrinitycounseling@gmail.com

508 Holly Hill Ln Ste 102 E
Burlington NC 27215
(336) 675-0075 (704) 807 2181 cell

The purpose of this statement is to inform you of my credentials, the professional I offer, my fee schedule and therapeutic orientation. This document is part of the Standards of Practice of the North Carolina Board of Licensed Professional Counselors. Please read this before signing the last page.

Education and Credentials:
2014 Graduate of Walden University, with a Master's of Mental Health Counseling, specialization in Forensic Counseling
2008 Graduate of University of Phoenix, with a Master's of Business Administration
1993 Graduate of University of North Carolina at Charlotte, with a Bachelor's of Arts in Psychology
National Clinical Addiction Counselor II (NAADAC)
Licensed Clinical Addiction Specialist (LCAS #20613)
Licensed Professional Counselor Associate

Clinical Counseling Experience and Theorectical Orientation
I have worked in the Substance Abuse field since 1994. I provide substance abuse education, counseling and psychotherapy utilizing the foundation of Cognitive Behavioral Therapy, but also drawing upon Freud's Psychoanalysis, Erikson's Stages of Development, Medical Model of Alcoholism/Addiction, Motivational Interviewing, Gorski's Relapse Prevention model and Reality Therapy.

Fees and Length of Sessions:
Sessions are generally scheduled for between 45-50 minutes. The remaining time in the hour is for completion of paperwork and notes. The standard fee is $50 for the initial consultation and $100 per subsequent therapy sessions, payable by cash, check, and credit card on the day of service. Sliding Fee Scale is available. Some insurance companies can be filed, however Co-Pay must be paid at the time of service. Missed appointments will be charged at the regular rate unless cancelled at least 24 hours in advance.

Confidentiality and Informed Consent:
The information you share with me in therapy is handled with the utmost respect and confidentiality. However, I am legally obligated to break confidentiality in the following situations:

1. If I believe that you intend to harm yourself or another, or
2. If I believe that a child or elder person has been/will be abused or neglected, or
3. If a judge orders me to release your information, or
4. If you (or your legal guardian) sign a release.
5.

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 is established and indicate that you must have an "illness" before they will agree to reimburse. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate for 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 records.

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Consultation:

As a LPCA, I am pursuing the Licensed Professional Counselor credential. Until I receive full licensure as a LPC, my counseling services are supervised. My supervisor is Jamarr Funderburg, Owner of Charlotte Counseling and Consulting. I may find it helpful periodically to consult with my supervisor and/or other professional staff about your case. This will be anonymous in nature whereby, specific identifiable information will not be given but rather general information to help facilitate consultation needs. In other words, if I make reference to my counseling with you, I will do so in a way that disguises your identity. If such a disguise isi impossible or undesirable, I will ask you to sign a waiver. If you do not agree to sign, I will not make identifiable reference to you. In addition, my sessions from time to time may be audio taped/videotaped; however, this would ONLY be conducted upon you consent. If you provide consent for sessions to be recorded, your confidentiality will be maintained, and no identifying information will be included in the recording. You need not consent to recording of sessions in order to receive counseling services.

Complaints:

Oftentimes in counseling, I may challenge or question certain behaviors. This may bring up painful emotions and discomfort that will lead to difficult work. This will be done respectfully within our professional relationship. If at any time, you have a concern or complaint about the counseling that I provide, please let me know so we may try to resolve it. If we are not able to resolve it and you feel that I have treated you unethically and would like to register a complaint, you may contact:

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819 Greensboro, NC 27417
(844) 622-3572 or (336)217-6007

NC Substance Abuse Professional Practice Board
PO Box 10126 Raleigh, NC 27605
(919) 832 0975 or Fax (919) 833 5743

Please sign below that you have read and understand the information above and are voluntarily willing to participate in the counseling services that I provide.

_____ _____
Client Name (Print) Client/Guardian Signature Date

_____
Melissa Enoch-DeBerry, MBA, MS, LPCA, LCAS, NCAC II Date