

PROFESSIONAL DISCLOSURE STATEMENT

Kris Kawulok, MA, NCC, LCMHC, CSAT
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Phone: 704-579-0690

INFORMATION FOR NEW CLIENTS

Degrees, Credentials, & Certification

Degree:

M.A., Clinical Mental Health Counseling, Regent University, 2012

Credentials:

CSAT, Certified Sex Addiction Therapist, 2014

LCMHC, Licensed Clinical Mental Health Counselor, 2012, License #9858

NCC, National Certified Counselor, 2012, #302005

CHFP, Certified Hope and Freedom Practitioner

I am a member of: ACA, the American Counseling Association, #6360579
 AACC, American Association of Christian Counselors,

Counseling Background:

Practicing as a Licensed Professional Counselor, my areas of work with clients include but are not necessarily limited to depression, anxiety, bereavement, grief and loss, relationship issues, sexual orientation/identity, male identity, adult survivors of early childhood traumatic events and sexual addiction.

Fees and Insurance:

Clients are expected to pay the standard fee of \$150.00 per 50-minute/\$225.00 per 80-minute session at the end of each session or at the end of the month unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. I do not work directly with insurance companies but will work with out of network insurance coverage. However, clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Not all issues/conditions/problems, which are the focus of counseling, are reimbursed by insurance companies. When necessary for insurance purposes, diagnosis will be recorded and placed into the client records. It is your responsibility to verify the specifics of your coverage and you understand that by entering into treatment, you are responsible for all services not covered by your insurance agency.

Services Offered:

I provide consultation and counseling for adults and adolescents in individual, couples, family, and group modalities. My training and experience in individual and group counseling includes clients in age ranges from adolescence to adulthood primarily with normal situational and developmental issues. Areas of concentration may include: Career and educational counseling, adolescence counseling, counseling for grief and mourning, sexual identity/orientation/behavior counseling, family counseling, marriage and relationship counseling, mental health counseling, personal and social counseling, premarital evaluation and counseling, substance dependence

counseling, substance abuse counseling, treatment of anxiety, treatment of depression. I may independently diagnose and treat mental and emotional disorders.

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.

Confidentiality:

All that is said and done between a client and myself must be held in strict confidence by me, with the following exceptions: 1) threat of serious harm to self or others; 2) reasonable suspicion of child abuse or abuse of elder or any incapacitated person; 3) court order; 4) voluntary release signed by client or guardian; 5) in defense against a legal action or formal complaint which the client makes before a court or regulatory board; and as required by licensure, 6) during supervisory consultations.

Missed or Cancelled Appointments:

In order to avoid being charged \$150.00 per 50-minute/\$225.00 per 80-minute, for missed appointments, a 24-hour notice of cancellation is required. When I make an appointment, I consider it a contract: I will be here for you at this time. Please be sure that you understand clearly and fully what your individual financial arrangements are with me.

Payment: Payment can be made with cash, check or credit card.

Grievances:

You may address any concerns or grievances with Mr. Kris Kawulok, (704) 579-0690, or any other representatives of your insurance company at any time. You can also contact:

North Carolina Board of Licensed Clinical Mental Health Counselors,
P.O. Box 77819, Greensboro, NC 27471
(844) 622-3572 or 336-217-6007/ FAX 336-217-9450
E-mail: LCMHCinfo@ncblcmhc.org

I have read the above Agreement and Office Policies and Professional Disclosure Statement carefully. I understand them and agree to comply with these guidelines.

_____ Client's Signature	_____ Date
_____ Parent/Guardian's Signature	_____ Date
_____ Counselor's Signature	_____ Date