LCMHC Professional Disclosure Statement Helena Alexia Theoharis, MA, LCMHC, NCTTP, RYT 2263 US-70 Swannanoa, NC 28778 (978) 578-4386

Qualifications

I hold a Master of Arts degree from Saint Louis University, Saint Louis, MO, conferred 08/2001. I am a Licensed Clinical Mental Health Counselor with the state of North Carolina via the North Carolina Board of Licensed Clinical Mental Health Counselors. I am also a tobacco treatment professional, certified as a NCTTP (National Certificate in Tobacco Treatment Practice) via NAADAC (Association for Addiction Professionals). In addition, I am a Registered Yoga Teacher, 500 hours with the Yoga Alliance, 300 of these hours with a therapeutic focus. I have been practicing as a counselor for approximately 18 years.

Counseling Background

The counseling experience is an opportunity for expression and growth. Alongside is a process of rediscovering and nurturing the self. My work is aligned with wellness, counseling from a holistic perspective which I believe supports a foundation of healing. I utilize traditional psychotherapy and cognitive-behavior methods.

My specialities consist of addictions (including nicotine dependence), perinatal mood and anxiety disorders, stress management, body awareness, emotional regulation, self-advocacy, self-esteem empowerment, mind-body wellness. My teaching and counseling views focus on understanding and healing based upon an 8-dimensional model of wellness (Emotional, Financial, Social, Spiritual, Occupational, Physical, Intellectual, and Environmental), one which reflects the necessity of strengthening all of the parts of the self as a means of nurturing healing. Having counseled individuals of all ages, I have astute knowledge of the tools required to understand emotional and mental health, factors needed to stimulate cognitive-behavioral change, and supports necessary to maintain wellness.

Counseling sessions are designed based upon your degree of comfort, starting from a place of your choosing, and implementing interventions supportive of your desire for movement. At any time if you feel uncomfortable with any intervention, give yourself the permission to halt the intervention. Counseling can be a vulnerable experience and it is my intention to ensure your comfort level throughout your process of awareness, expression, and growth.

The following is a description of the areas of focus of which I have specialized as a counselor:

- Drug and alcohol addiction
- Tobacco and nicotine addiction and cessation
- Perinatal Mood and Anxiety Disorders (PMADs)
- Body image disturbances
- Eating disorders

- Self-esteem
- Emotional regulation
- Depression
- Anxiety
- Yoga with a therapeutic focus
- Guided imagery and meditation
- Effective decision making
- Adult ADD/ADHD

Session Fees and Length of Service

Counseling sessions are 50 minutes in duration. Fees are charged based upon your health insurance provider or out-of-pocket. If you will be paying via your health insurance provider, the following guidelines are to be followed: 1. All co-payments are due at the time of session (methods of payment accepted are cash or check) and 2. If you will be paying via your health insurance provider, please ensure you provide me with accurate information of your health insurance provider and ID#. It is helpful to check with your health insurance provider regarding the number of sessions they allow for counseling services. If you do not have a health insurance and/or wish to pay out of pocket, the fee for a 50-minute session is \$100.00 and due at the time of session via cash or check. If you are unable to attend to the \$100.00 fee, I offer a sliding scale based upon financial need. We will discuss this need at length and sign a contract stipulating the agreed upon fee.

Cancellations require 24-hours notice. If you are unable to provide 24-hours notice of a cancellation, you will be charged the full price of your scheduled counseling session. In the event of a medical or other emergency on the day of your appointment (e.g., unplanned hospitalization and/or serious injury/illness, death of a close family member, and inclement weather contributing to local traffic delays/halts), the 24-hour policy will be waived.

Use of Diagnosis

In the event you decide to utilize your health insurance provider as a means of payment, please know it is likely the provider will require a mental health diagnosis as verification and validation of necessity for counseling services. Some conditions of which counseling is sought do not meet the criteria for counseling services. Please consult your insurance company for a better understanding of your coverage. Any diagnosis which is made will be discussed with you prior to my submission to your health insurance company. The diagnosis will become of your permanent insurance records, said records which are bound by stringent confidentiality and privacy laws.

Confidentiality

The confidentiality and privacy of your sessions is protected by my professional ethical guidelines as well as state and federal regulations. There are however instances in which I will have to breach your confidentiality, these instances are the following: 1. you direct me in writing via a Release of Information to disclose information to a 3rd party, 2. you indicate your intention to harm yourself and/or others (including, child, elder, and/or persons who are considered developmentally delayed), and 3. a judge orders me to disclose information. Please note, the confidentiality of substance abuse records requires

additional standards and guidelines. Any disclosure of records pertaining to substance abuse attends to the federal guidelines of 42.CFR which indicates release of information pertaining to substance abuse requires the 42.CFR be clearly stated on a release of information. General standards of confidentiality also apply to substance abuse records; i.e., breaching confidentiality will occur in the event of the circumstances as described above.

Complaints

Although clients are encouraged to discuss any concern with me, you may file a complaint against me with the organization below should you feel I am in violation 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 Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6008

Fax: 336-217-9450 E-mail: Complaints@ncblpc.org

Acceptance of Terms

We agree to these terms and will abide by these guidelines.	
Client:	Date:
Counselor:	Date: