

PROFESSIONAL DISCLOSURE STATEMENT
(Client Consent)

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Client Name:

Client Address:

**This statement is required to be given to each client by California State Law.
EDUCATION, CREDENTIALS, & YEARS OF COUNSELING EXPERIENCE**

Doctoral Degree (Ph.D.), Counselor Education and Human Development, North Carolina State University

Master's Degree (M.Ed.), Clinical Mental Health, Counselor Education, University of North Carolina State University

Bachelor of Arts Degree, (BA), Business, William Peace University

Licensed Professional Clinical Counselor (LPCC), 1-10-24, granted by The Board of Behavioral Sciences, License Number 15559.

Licensed Clinical Mental Health Counselor (LCMHC), 6-4-2021, granted by The North Carolina Board of Licensed Clinical Mental Health Counselors, License Number 15041.

National Certified Counselor (NCC), 6-27-2019, granted by the National Board for Certified Counselors, Inc., Certification Number 1098151

I worked as a counselor in training in a community clinic and career advising office at North Carolina State University throughout my master's degree. While completing my doctorate, I worked as a counselor supervisor for master's degree students at the same community clinic I completed my training. Since graduating with my doctorate, I have had a private practice offering both therapy and coaching consulting services. In my company, NeurodiverseTalk LLC, I operate as a sole proprietor. This means that I, Carrie Mitran, am the sole provider responsible for all services, transactions, and communications within this entity.

COUNSELING SERVICES-THEORETICAL PERSPECTIVE

This form is for the use of California residents requesting virtual individual counseling services from the provider Carrie Mitran operating within her private practice NeurodiverseTalk LLC as a State Licensed Professional Clinical Counselor, LPCC. You agree and confirm that you are a California State resident, residing in California at the time of services.

I use an eclectic approach based on the following models: Humanistic Psychology, Existential Psychotherapy, Person-Centered, and Strengths Based Therapy. In the State of California, I work with adults ages 18 and older for individual counseling. If more thorough assessment is needed beyond the scope of my practice, I will refer clients to the appropriate providers for those services.

RANGE OF CONDITIONS TREATED

Abuse Victims both past and present (Emotional/Verbal, Physical, Sexual), Addiction, ADHD, Adjustment Disorders, Anger, Anxiety Disorders, Autism Spectrum, Depression, Grief & Mourning, Learning Disabilities, Life Decisions (Career, Education, Relationships, etc.), Relationship Problems, Self-Criticism, Self-Doubt, & Self-Esteem, Stress, Trauma Victims both past and present, and Couples Counseling.

BENEFIT & RISK OF COUNSELING

There are no guarantees, but many people have reported emotional growth and problem resolution as a result of their counseling experiences. A possible risk may include uncomfortable feelings while exploring thoughts and behaviors.

CONFIDENTIALITY

I regard the sessions as very private and will keep what is stated in the strictest of confidence. However, there are four circumstances which I cannot guarantee confidentiality on a legal or ethical level:

1. I believe that there may be a threat of harm to self-and/or others, or is being harmed by others.
2. I suspect abuse and/or neglect of a child, adult, elderly, or other vulnerable persons.
3. I am issued a Court Order to disclose confidential information.
4. Confidentiality may also be broken in one's defense against legal action before a court.

DUAL RELATIONSHIPS

An example would be me seeing a client in counseling while at the same time serving on the same committee of an organization where there would be direct interaction with the client outside of the counseling relationship. Dual relationships are prohibited by the ethical codes of standards set forth by the American Counseling Association (ACA).

COUNSELING FEE PER SESSION

I, the client _____ agrees to pay a fee of \$235 per 50-minute counseling session and \$335 per 75-minute counseling session. I understand that the provider, Carrie Mitran requires at least 24 hours' advance notice prior to cancellation of any scheduled appointment. I, the client authorize payments to be processed through the online billing system Stripe.

LENGTH AND FREQUENCY OF SESSIONS

Initial Sessions are approximately 75-minutes. Ongoing sessions are approximately 50-minutes. We, myself and the provider, Carrie Mitran have agreed to meet in the following:

First Session Initial Meeting

ADDENDUM

We have agreed to meet _session(s) per

Week

Month

We have agreed to meet in the following:

Individual Counseling for California Resident

Client Initials:

Date:

BILLING & DIAGNOSIS

I understand that the provider, Carrie Mitran/Neurodiversetalk LLC uses the online billing system Stripe for credit card, HSA and FSA card processing. Superbills are given upon request. For reimbursement, I understand the provider, must submit a diagnosis and this diagnosis becomes part of the client's permanent record with his/her/their insurance company.

No Refunds. I understand Neurodiversetalk LLC does not offer refunds for office visits or services of any kind.

No Responsibility to Determine Eligibility for Benefits: Neurodiversetalk LLC is not responsible for determining eligibility for benefits or for assisting you with collecting insurance benefits and has no responsibility to correspond with or telephone or email any insurer.

Your Financial Responsibility: You are financially responsible for any charges for services. You also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Neurodiversetalk LLC to take action to secure payment of an outstanding balance or to resolve and unresolved claim or conflict.

Fees and Services: Neurodiversetalk LLC may amend, add, or discontinue services at any time with three (1) day advance written notice to you. Company's current fee schedule, subject to change, is:

- On-going sessions are 50-minutes in length is \$235.
- Initial sessions are 75-minutes in length and cost \$335.

REFERRALS

Referrals will be made for diagnostic testing, medication evaluations, and forensic matters.

COMPLAINT PROCEDURES

Clients may contact the Board of Behavioral Sciences of Licensed Professional Clinical Counselors, Board of Behavioral Sciences 1625 North Market Blvd., Suite S200, Sacramento, CA 95834 Telephone: (916) 574-7830 www.bbs.ca.gov, to make a complaint.

ONLINE COMMUNICATIONS

Provider may communicate with me over the phone, email, or over videoconferencing technology. Videoconferencing is not the same as a direct client/specialist visit since I will not be in the same room as the provider. Anticipated benefits include improved access to Provider and allows for Provider and myself to communicate while in different physical locations. I hereby certify that I am physically located in the State and/or Country that I designated when I requested Services. I agree to provide accurate contact information to Company which includes emergency

contact information that the Provider can use in case of a crisis or other emergency where knowledge of my location is crucial. Potential risks include gaps or failures in communication, complicating Provider's recommendations and advice, notwithstanding reasonable efforts to ensure the quality and reliability of transmitted information. Communications through Gmail, Google documents, Google Drive, phone, chat messenger, and text messaging are not encrypted and may be intercepted. There may be limitations to image quality or other electronic problems that are beyond the control of Provider. Despite reasonable security measures, online communications can be forwarded, intercepted, or even changed or falsified without my knowledge. In addition, the information transmitted to Provider may be insufficient for Provider to provide proper recommendations and advice. Alternatives to using electronic communications include an in-person visit or a visit to a licensed healthcare professional in your state.

Zoom: Currently, Company uses Zoom Video Communications, Inc. ("Zoom") for videoconferencing services. By signing this document, I agree to Zoom's terms and conditions, privacy practices, and I acknowledge that:

- Zoom is NOT an emergency service. I will use a phone to call 911 or my local emergency hotline or report to a hospital emergency room in an emergency;
- Though Provider and I may be in virtual contact for Services, Zoom does not provide any medical or healthcare services or advice, including, but not limited to, emergency or urgent medical assistance;
- I do not assume that Provider or Company has access to any or all of the technical information in Zoom or that such information is current, accurate, or up to date. I will not rely on Provider to have this information in Zoom;
- To maintain confidentiality, I will not share my Zoom meeting appointment link with anyone unauthorized to attend the appointment.

Assumption of Risk. I knowingly, voluntarily, and intelligently decide to receive the Services described above, and I knowingly, voluntarily, and intelligently assume all risks involved in the same. As a result of my assumption of these risks, I agree to release and hold harmless Provider and his or her agents from and against any and all claims which I (or my representatives) may have for any loss, damage, or injury arising out of or in connection with use of the services described above, or arising out of or in connection with referral to other practitioners or merchants for delivery of any Services.

LIMITATIONS OF LIABILITY

Company and Provider are not liable to me or any third party for any damages (including, without limitation, direct, indirect, incidental, special, consequential, exemplary, incidental, special, or punitive damages, personal injury/wrongful death, lost profits, good will, use data or other intangible losses (whether or not we have been advised of the possibility of such damages)) or damages arising from or relating to the Services or this form, even if advised of the possibility of such loss or damages, and whether under negligence or some other theory of liability. Because some states or countries do not allow the exclusion or limitation of liability for consequential or incidental damages, in such states or countries, liability is limited to the fullest extent permitted by law. Notwithstanding the above, Company's and Provider's sole liability for any reason to me,

and my sole and exclusive remedy for any cause or claim whatsoever, shall be limited to the amount paid by me for the Services provided by Provider, and, must be brought within one (1) year since the event giving rise to such action occurred. I understand and agree that my participation with respect to the Services is predicated upon my waiver of any right to participate in a class action suit for any losses or damages resulting from the same.

ACKNOWLEDGMENT & SIGNATURES

I have carefully read this form, which is printed in English, and acknowledge that English is a language I read and understand, and that I understand the form. I do not feel rushed or impaired, nor am I under the influence of a sedative or sleep-inducing medication. I accept and agree to all of the terms above. I am free to refuse or withdraw my consent and to discontinue participation in any treatment, service, or research at any time without fear of reprisal against or prejudice to me. The client has read this agreement, understands the arrangements explained herein, and agrees to them.

Client Signature:

Date:

Emergency Contact Name:

Phone Number:

Email Address:

CRISIS HOTLINES

If you are in crisis, reach out for help to a crisis help line. A list of crisis help lines and service providers can be found online, or contact any of the organizations listed below: National Suicide Hotline 800-273-TALK (800-273-8255); National Domestic Violence Hotline 800-799-SAFE (800-799-7233); National Child Abuse Hotline 800-4-A-CHILD (800-422-4453). While we provide online services, we do not have a 24-hour hotline for medical emergencies; nor do we handle requests in crisis situations, such as if you are feeling suicidal or in need of immediate

assistance due to emotional crisis. If you are in crisis, contact one of the above organizations or another resource of your choice. If you need help finding mental health services and support in your community contact an appropriate organization, such as for example: National Mental Health Association Information Center: nmha.org

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