



Carolina Counseling and Play Therapy, PLLC
150 Wind Chime Court, Unit B
Raleigh, NC 27615

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Professional Disclosure Statement **Hannah Edwardson, MA, LCMHC, NCC**

My Qualifications

I obtained my Master of Arts degree in Clinical Mental Health Counseling from Gardner-Webb University in 2019. In addition, I have obtained licensure as a Licensed Clinical Mental Health Counselor (LCMHC) (license #15507) in the state of North Carolina by the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC). I also have obtained licensure as a National Certified Counselor (NCC) (ID# 1371278) by the National Board for Certified Counselors (NBCC).

Full Licensure

I am currently licensed as a Licensed Clinical Mental Health Counselor in the state of North Carolina by the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC). As I have received full licensure, I am no longer required to be under clinical supervision. I am, however, still under play therapy supervision as I am working towards the Registered Play Therapist (RPT) credential by Sara Bagramian, MSW, LCSW, RPT-S, CTS, RYT-200 (license #C005103), Owner/Counselor at Oak City Counseling. She may be reached at 919-424-7975 ext. 1 or via email at sara@oakcitycounseling.com.

Counseling Background and Theoretical Orientation

Although I have worked with numerous populations, most of my counseling experience over the previous 3 years has been with school-aged children and their families. Working as an Infant/Toddler Family Specialist has allowed me to provide community based rehabilitative services (CBRS) to families through the North Carolina Infant/Toddler Program. I have also worked with children, adolescents, and families in a private practice setting where play-based techniques, traditional talk-based therapy, and parenting-based interventions were provided. I currently utilize techniques of Child Centered Play Therapy and Person Centered Therapy to work with children, teens, and adults experiencing a variety of stressors such as anxiety, depression, parental separation/divorce, self-esteem, and relationship difficulties. Additionally, I utilize

techniques from client-centered therapy to include parents/caregivers in the therapeutic process to provide them with essential resources and strategies as they come alongside their child on their journey towards healing.

Session Length

Sessions are typically limited to 50 minutes, unless an emergency arises. This time limit is to respect your time as well as the time of the next scheduled client. Appointments will typically be scheduled weekly, or every other week, according to your needs.

Session Fees and Payment Method

Currently, I am out-of-network with all major insurance companies. The office private pay amounts are as designated by Carolina Counseling and Play Therapy, PLLC. With the exception of emergencies, a late cancellation fee of \$75 or no show fee of the full session amount (\$150) applies to all missed appointments.

Diagnosis

Insurance companies typically require a mental health diagnosis in order to be billable for charges. Some conditions that people seek counseling for are not deemed medically necessary and are therefore not covered by one's insurance. Counselors diagnose patients using the DSM, the Diagnostic and Statistical Manual of Mental Disorders. If a diagnosis is deemed appropriate for your case, and is billable by your insurance, this diagnosis will become part of your permanent insurance records.

Confidentiality

I understand that sharing personal information with a counselor who you do not know can be difficult. I respect you, your story, and your privacy so I want to be clear at this first meeting about how I will handle the information you share with me. Our communication will become part of the clinical record. The privacy and confidentiality of your records is protected by state law with the following exceptions: 1) You direct me, in signing the Release of Information Form, to disclose with someone else, 2) I believe that you are in danger to yourself or another person, which includes child or elder abuse, or 3) I am ordered by a judge to release information (this does not include a subpoena).

Complaint Procedure

If you are dissatisfied with any aspect of my work, please inform me immediately. This communication will make our work together more efficient and effective. If you think you have been treated unfairly or unethically and cannot resolve this problem with me directly, you may contact the North Carolina Board of Licensed Clinical

Mental Health

Counselors via phone (336) 217-6007, email (complaints@ncblcmhc.org) or mail (PO Box 77819, Greensboro, NC 27417).

Consent for Treatment

In accepting counseling services, you voluntarily give your consent for evaluation and counseling services to be provided by Hannah Edwardson, MA, LCMHC, NCC. You may withdraw yourself at any time and refuse any treatment offered.

Client/Guardian Signature

Date

Clinician Signature

Date