



PROFESSIONAL DISCLOSURE STATEMENT

Carrie L. P. Barto, MA, LCMHC, NCC
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811 Central Avenue, Suite 8
Charlotte, NC 28204

I am honored that you have chosen me as your counselor. This Professional Disclosure Statement is designed to inform you about my background and my practice of therapy in order to ensure that you understand our professional, therapeutic relationship.

Qualifications:

I completed a Master of Arts in Clinical Mental Health Counseling from the University of North Carolina Charlotte in 2014. I currently hold a Professional License in North Carolina, LCMHC #11365 and a National Counseling Certification, ID#340754. I began my work as a Clinical Mental Health Counselor during my graduate internship in 2013 at Time Out Youth Center, Charlotte, NC and Hospice & Palliative Care Charlotte Region, Charlotte, NC. I have worked in outpatient therapy serving youth and adults that are struggling with a myriad of issues. I transferred into private practice in 2015 where I believe I can best serve my community.

Counseling Background:

My areas of focus include depression, anxiety, relationship concerns, spirituality, career issues, grief and loss, self-esteem difficulties, self-harm behaviors and sexual minority concerns.

I serve individual adolescents and adults. The majority of my work has been with individuals experiencing depression and anxiety due to family system issues and grief and loss. My clients have sought counseling due to the need for change in the way they cope with life's problems and the way they view themselves within the problems. Much of my work has been with individuals in the treatment of grief and loss issues related to the death of a family member. In addition, I have worked extensively with gay, lesbian, transgender, bisexual, queer, and questioning adolescents and adults. I have created and led an adolescent transgender personal growth group and have led numerous grief and loss support groups.

My theoretical orientation is eclectic, in that I draw on, but am not limited to multiple theoretical orientations. My primary therapeutic orientations consist of Cognitive Behavior Therapy, Experiential Therapy and Client-Centered Therapy. In Cognitive Behavior therapy treatment is focused on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, clients can modify their patterns of thinking to improve coping. The therapist and client will work together to establish goals for the client then work toward them in session. In Client-Centered therapy, the central thought is that the client's growth potential will be released in a relationship in which the therapist communicates realness, caring, and a deeply sensitive, non-judgmental understanding. Thus, the therapist practices participative and empathic listening, while allowing the client to freely vent his/her/their feelings.

If I do not believe that I have the experience or training necessary to work with your particular situation, I will refer you to another mental health professional that can more effectively work with your concerns or difficulties.

Professional Organizations in Which I am a Member:

American Counseling Association
Charlotte Transgender Healthcare Group

Session Fees and Length of Service:

Fee for an individual therapy session is \$105.00 - \$120.00 an hour and must be paid at the conclusion of the session. I accept cash, credit, check, or Venmo. I am an in-network provider with Aetna and Blue Cross Blue Shield of North Carolina (BCBSNC) insurance companies. For clients with either Aetna or BCBSNC insurance coverage I will bill your insurance for services provided. Copay, coinsurance, or deductible is your responsibility and due at the conclusion of each session. Sessions are 50 minutes in duration and will be schedule by mutual agreement. **If you are unable to keep an appointment, please call within 24 hours of scheduled appointment to cancel or reschedule. If a 24-hour advance notice is not given, you will be responsible for paying for the session you missed.**

Services will be rendered in a professional manner consistent with ethical standards. It is impossible to guarantee any specific results regarding your counseling goals because the outcome is dependent on your work as well as mine. Together, however, we will work to achieve the best possible results. Referral to another counselor or service will be mutually discussed if progress is not achieved at a satisfactory level or in the event that additional services may be in your best interest.

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:

I place a high value on the confidentiality of information clients share with me, and I will make every effort to ensure that information about your case will be kept confidential. In most situations I will request a release of information form to be signed before communicating with others. Limits to confidentiality include:

- (a) I believe there is a danger that you may harm yourself or others**
- (b) I become aware of your involvement in abuse of children, elderly, or disabled persons**
- (c) I am ordered by a court to disclose information.**

You will be given a copy of my Notice of Privacy Practices and if needed you will be asked to sign client consent for use and disclosure of protected health information. Should you choose to contact me via email or text message I cannot guarantee complete confidentiality, as these are not secure types of communication.

Complaints:

I abide by the ACA, NBCC and the NCBLCMHC Code of Ethics. I encouraged you to discuss any concerns or questions you may have regarding services with me so that we can work together in a more collaborative nature. If I am unable to resolve your concerns and you believe I am in violation of any of the codes of ethics (<https://www.ncblpc.org/LawsAndCodes>) you may contact the North Carolina Board of Licensed Clinical Mental Health Counselors to file a complaint. The board’s contact information is listed below.

North Carolina Board of Licensed Clinical Mental Health Counselors

General Mail: PO Box 77819, Greensboro, NC 27417

Overnight and Special Delivery: 2-C Terrace Way, Greensboro, NC 27403

Telephone: 844-622-3572

Fax 336-217-9450

Email: complaints@ncblcmhc.org

Website: ncblcmhc.org

