NEWCASTLE
Counseling & Development, PLLC.

Client's Name (First, MI, Last)_____ **Date of Birth** _____

Employer or School _____

Parent(s)/Guardian(s) (if applicable) _____

Address (street, city, state, zip) _____

Phone Numbers **(H)** _____ **(C)** _____ **(W)** _____

Email _____

Emergency Contact Name _____ **Phone** _____

PLEASE COMPLETE IF YOU WOULD LIKE ME TO FILE FOR PAYMENT FROM YOUR INSURANCE CARRIER.

Insurance Carrier/Plan Name _____

Member ID _____ **Group Number** _____

Insured's Name (First, MI, Last) _____ **Insured's Date of Birth** _____

Insured Employer/School Name _____ **Relation to Insured: Self Spouse Child**

I authorize the release of any medical or other information necessary to process claims with the above carrier. I authorize payment of medical benefits to the supplier above for services provided.

Insured/Authorized Person's Signature _____ **Date** _____

Your behavioral, emotional, and other concerns:

_____

_____

Place a check beside any of the following affecting the client:

- ☐ Anger management problems
- ☐ Sleep disturbances
- ☐ Excessive or easily crying
- ☐ Excessive fears
- ☐ Nervousness or anxiety
- ☐ Excessive or unusual physical complaints
- ☐ Mood swings
- ☐ Bedwetting
- ☐ Nightmares
- ☐ Tantrums
- ☐ Thoughts/Actions toward hurting self or others
- ☐ Short attention span
- ☐ Difficulty getting along with others
- ☐ Withdrawal from family/friends

Please let me know the approximate time frame of any life events that may have affected the client:

Death of family member (list relationships) _____
Death of other important people (list relationships) _____
Death of pet _____
Separation/Divorce _____
Move within the past 24 months _____
Change in job or career (yours or other family members) _____
Family financial problems _____
Change in childcare (for child clients) _____
Change in school (for child clients) _____

Michael W. Nuckolls, LCMHC, NCC

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Counseling Disclosure Statement

Counseling Credentials and Background

Bachelor of Arts, University of North Carolina-Chapel Hill, May 1992
Master of Divinity, Campbell University, May 2003
Master of Arts in Counseling, Wake Forest University, May 2007
National Certified Counselor (227039), National Board of Certified Counselors, November 2007
North Carolina Licensed Clinical Mental Health Counselor (LCMHC #8354), December 2010

Client Population and Services Offered

I have been counseling adults, children, and families who are experiencing difficulties affecting their behavior, thoughts, and feelings since 2007. Therapy methods are always centered on the client's needs, strengths, and personality and may include cognitive-behavioral (which target thought and behavior responses to certain events) and/or existential (which foster meaning in life) therapies.

Counseling Sessions/Fees for Services

Counseling sessions are offered as follows:

60 Minutes	$130
45 Minutes	$100
30 Minutes	$ 85

Fees are due at each session or billable to your health insurance provider following my contracted participation as an approved provider and your plan's payment guidelines. Clients are responsible for any fees, co-payments, co-insurance, or amounts applied to deductibles that are not reimbursed by insurance plans unless adjusted by agreement between the counselor and insurer. Cash, check, and credit/debit cards are accepted. The number of sessions necessary will be determined in conjunction with the client based on progress on resolving issues and goal completion.

Diagnosis

In order to provide appropriate counseling services, a diagnosis may be necessary. Mental health diagnoses will be made according to criteria found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and will become a permanent part of your healthcare record.

Confidentiality

Any discussions in a counseling relationship are confidential and will not be shared with others except under certain circumstances. Notes or records related to counseling will be maintained in a secure area. Exceptions to confidentiality may include:
If the counselor believes the client poses a danger to themselves or to others, including the spread of contagious or life-threatening disease;
If the counselor believes that abuse, neglect, or the endangerment of a child or elder person has or may occur;
If the counselor is ordered by a court to share information, or;
If the client or parent/guardian of a minor grant the counselor written permission to share information.

Benefits and Risks

By working with me, clients may understand and better apply behaviors, thoughts, and feelings to choose positive behaviors, perform better in school or work, feel better about themselves and their future, and have better relationships. Counseling is a process with the key to improvement being openness and willingness to change along with practice of skills and interventions being taught. Risks involved with counseling include bringing up uncomfortable emotions due to the nature of discussing challenges and exploring problems. In addition, sharing about issues and struggles that one does not normally reveal may cause discomfort or anxiety. If these or other uncomfortable feelings arise, please let me know so that we may address them.

Subpoenas and Testimony
My primary focus is on maintaining a trusting relationship with and improving the well-being of clients. If I am subpoenaed to share information or testify in court about a client, I will initially request being excluded from sharing client information or testifying. This is based on the belief that revealing client confidential information in any forum is potentially damaging to the counseling relationship and could be harmful to clients. If, however, I am compelled by court order to share information or testify, the client or client's parent/guardian with whom the subpoena originated will be responsible at the rate of $200 per hour, billed in hour increments, for any and all time spent responding to the subpoena, preparing information/testimony, and/or testifying. Upon receipt of a subpoena, a retainer of $1,200 from the originating client or parent/guardian will be required.

Registering Complaints
If at any time you are disappointed or concerned with my counseling performance or the practices employed, please contact me to discuss your concerns. If we are unable to resolve issues together and you have ethical concerns, formal complaints may be directed to the North Carolina Board of Licensed Clinical Mental Health Counselors in writing by filing a complaint form available, along with filing guidelines, at https://ncblcmhc.org/. You may also contact the Board at P.O. Box 77819 Greensboro, NC 27417, Phone: (336) 217-6007.

I have read and understand the above counseling disclosure statement.

_____	_____	_____
Client	Parent/Guardian (if applicable)	Date

_____	_____
Counselor	Date