

# Mindful Therapeutic Solutions

**Maggie Minsk, LPC, NCC, CI, CHt**

152 Capcom Drive Suite 101, Wake Forest NC 27616– Cell# 919-426-2924

## **PROFESSIONAL DISCLOSURE STATEMENT**

**Counselor:** *Margaret Ann Minsk, LPC, NCC, CI, CHt*

**License information:** *Licensed Professional Counselor (LPC) in North Carolina #7624,  
National Certified Counselor (NCC) #223791*

**Relevant degree:** *Master of Arts – Counseling Psychology, Bowie State University, May 2007*

**Other certification:** *Certified Instructor (CI) – National Guild of Hypnotists, Certified Hypnotherapist (CHt) –  
National Guild of Hypnotists & International Medical and Dental Hypnotherapy Association - #0108-020773*

Thank you for choosing me to provide your counseling services. While the information contained in this document may be a review for you, I am required by law to provide and review this information with you. The purpose of this document is to protect you, the client, to ensure that you understand the qualifications and experience of your counselor. This document also provides information regarding fees, services provided, explanation of conditions of confidentiality and procedure for registering complaints.

I, Margaret Ann Minsk, am currently a Licensed Professional Counselor (LPC) in the state of North Carolina and a National Certified Counselor (NCC). I have approximately nine years of counseling experience, starting with my counseling internship completed with the Outpatient Mental Health Clinic at the Naval Hospital on Camp Lester in Okinawa, Japan. The scope of clients served has included individual, family, couples, and group therapy with various diagnoses that range from mild to more severe. Clients also range in age from 5 to 90 years old. I am also a Certified Hypnotherapist (CHt) and Certified Instructor (CI) with the National Guild of Hypnotists (the largest and oldest hypnotherapy association) and was trained by Captain M. Ron Eslinger, RN, CRNA, MA, APN, BCH, CMI, CI, FNGH with Healthy Visions. I have also been **intensively trained** in Dialectical Behavior Therapy through Behavioral Tech (the company started by the founder of DBT itself, Dr. Marsha Linehan) as of 2011 and have been practicing using DBT and starting and growing and facilitating programs ever since. *I am also currently in the process of getting my Distance Credentialed Counselor and my Certified Clinical Trauma Professional distinctions.*

Counseling services provided include but are *not limited to* the following **therapies**: client-centered, holistic health, strengths based, cognitive behavioral therapy (CBT), solution-focused, dialectical behavior therapy (DBT), and existential. **Techniques** such as mindfulness, metacognition, reframing, hypnotherapy, Neuro-Linguistic Programming, chain analysis, active listening, problem-solving, biofeedback, reading body language, asking open questions, paraphrasing, and summarizing are used to assist each client.

**Length** of counseling sessions range from 30 minutes to an hour or longer, depending on the specific client's needs and the fee per session will vary accordingly. The **fees** for my services are listed below and are due in full at the time of service. Some clients may have insurance and, while I am in the process of making sure that I am an in-network provider for Tricare and Blue Cross & Blue Shield, I currently do not bill insurances so the client will be expected to pay for the service rendered and then be provided with an invoice that they can use to request retroactive reimbursement from their insurance company.

Contract Rates: Individual therapy
50+ minutes: \$120.00 cash \$125.00 credit
25-49 minutes: \$75.00
<i>in advance for six sessions: \$650</i>

Clients who feel they would qualify for a **sliding scale**, please see the one attached and it will be used to determine what percentage of the normal fee you will be asked to pay. Cash or local checks will be accepted for fees or co-pays.

**Confidentiality** is an important aspect of counseling and therapy and the information discussed within sessions will be kept between the counselor and the client. The client's *written permission* is required before any such information, or even acknowledgement of services, can be shared with an outside party (i.e. family member, friend, etc.). There are three exceptions which would REQUIRE the release of information by the

*Maaaie Minsk 2016*

counselor: 1) if the client plans to hurt him/herself or threatens to cause serious harm to someone else, 2) if the client discloses knowledge of a minor child or an adult who is being hurt, or 3) a court order is issued pertaining to the release of certain information about the client and his/her sessions. In addition, under current laws in North Carolina state that mental health providers may share client information with other mental health providers without obtaining the client's written consent when it is necessary to coordinate care and treatment and to obtain funding for the client's care.

Please feel free to address any concerns or **complaints** with me in person during the counseling session. You may also contact the board for LPC's. Their information is listed below.

**North Carolina Board of Licensed Professional Counselors**  
P.O. Box 77819 Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007 Fax: 336-217-9450

You, as the client, have the right to have a copy of this professional disclosure statement for your records or you may waive that right if you so choose. Please indicate your choice by initialing the appropriate line below.

- I waive my right to have a copy of this professional disclosure statement.  
 I wish to have a copy of this professional disclosure statement for my records.

Your signature on this form indicates that you have read the form, had an opportunity to ask questions, have questions answered and agree to the terms and conditions set forth in this professional disclosure statement. Your signature also indicates that you have read a copy of the consent forms (for treatment and to use and disclose health and medical information for treatment, payment and healthcare operations).

CLIENT NAME (PLEASE PRINT): \_\_\_\_\_

*Client's Signature* \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Mindful Therapeutic Solutions

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Mindful Therapeutic Solutions (MTS) is committed to providing mental health counseling at the lowest possible cost. Deployment and Re-deployment sessions are complimentary to military members and their families. A complimentary 30 minute phone session is available to new clients in efforts to ensure MTS meets their needs. We require payment prior to all subsequent services and are willing to work with you financially to eliminate disruption in counseling. We operate on the following sliding scale:

Sliding-Scale Fee Schedule	
Combined Gross Family Income*	Therapy Fee Per Session
\$15,000 & Under	\$60
\$15,001 - 30,000	\$75
\$30,001 - 50,000	\$90
\$50,001 - 70,000	\$100
\$70,001 - 90,000	\$110
\$90,001 - Above	\$120

Agreed Upon Fee \_\_\_\_\_

Signature and Date\* \_\_\_\_\_

*\*By signing you agree to the fee for services and will notify MTS if there are any changes to your annual income.*

## CANCELLATION POLICY

A minimum of 48 hours of notice is required if you need to cancel a scheduled appointment. Certain exceptions may be made for emergencies only. If issues do arise in the 48 hours before your scheduled appointment, please call the office immediately. I will do my best to reschedule your appointment at the earliest time available.

***If you are not present for a scheduled appointment or if you cancel later than 48 hours before the appointment, you will be charged a \$40.00 flat fee for the missed session.***

For any last minute changes, please call 919-426-2924 or e-mail [maggieminsk@gmail.com](mailto:maggieminsk@gmail.com) and leave a message stating that you cannot attend your appointment. Please be sure to leave your name and phone number so that I can return your call as soon as possible.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date