

PROFESSIONAL DISCLOSURE STATEMENT

GIORDANO COUNSELING SERVICES, INC

DR. LOUIS A. GIORDANO, LCMHC, NCC, BCPC

4111 BEN FRANKLIN BOULEVARD, DURHAM, NORTH CAROLINA, 27704

(919) 451-1523-P

(800) 655-7302-F

<https://giordanocounselingservices.org/>

It is a privilege to have this opportunity to provide professional counseling services to you. This statement is provided to you to summarize my credentials, my background and approach to counseling, as well as to review procedures related to assessing your needs, confidentiality, payment of fees, and for addressing any concerns you may have with regard to this professional counseling experience.

I hold a Doctoral Degree in Rehabilitation from Southern Illinois University at Carbondale (SIUC) received in 1999, and completed a post-doctoral Fellowship in Behavioral Pharmacology and Behavioral Economics from the University of Vermont in Burlington. I hold a Masters degree in Behavior Analysis and Therapy that I earned from SIUC in 1996. I also hold a license as a Licensed Clinical Mental Health Counselor (LCMHC) from the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) pursuant to the Licensed Professional Counselor Act passed by the General Assembly of North Carolina in 1993. My license number is 5096. I am a National Certified Counselor (NCC #215987), indicating that I have met the high professional counseling standards set by the National Board of Certified Counselors, Inc. The International Board of Christian Counselors has certified me as a Board Certified Professional Christian Counselor (BCPCC #0063).

From 2001 through June 2007, I held an Assistant Professor appointment at Duke University Medical Center Department of Psychiatry and Behavioral Sciences. My roles at Duke University included serving as Principal Investigator for a National Institutes of Health sponsored investigation of adults in treatment for chronic low back pain. I also served as a Psychiatry Department reviewer and representative on the Duke Institutional Review Board protecting the rights of research subjects. I have provided individual, and group Behavioral Health services since 1995. I have worked in a variety of inpatient and outpatient settings and with a variety of client populations including children, adolescents, young adults, adults, military veterans, families, persons with chronic pain, mental illness, trauma, acquired brain injury, and substance use disorders. I have counseled married couples and families. I have served a diverse group of clients and work with individuals regardless of age, gender, race, religion, creed, or ethnicity. Should you determine for any reason that another professional counseling relationship might be more suitable for meeting your needs, I will guide you through the process of securing another counselor.

In my theoretical orientation to professional counseling, I believe in your capacity to change and to achieve your personal emotional, behavioral and/or relational goals once we clarify the goals of our work together. I believe it is critically important for us to cooperate as partners for change. Therefore, part of the professional counseling process involves assisting individuals and families in determining therapeutic goals and in developing a viable treatment plan for achieving these goals. This process involves understanding your challenges, strengths, and providing you with resources, skills, homework assignments to practice what you learn between sessions.

I am also a Board Certified Professional Christian Counselor, which means that I integrate the elements of the behavioral health professions, such as the rehabilitation model and cognitive-behavioral therapy with Biblical truths and Spiritual practices to produce "Christ-like" character, behavior, and thinking to promote peace, joy, kindness, love and self-control in the lives of the people I serve. Specifically, I believe that all

individuals have strengths that we can build on, which can be used to develop skills and systems to help them manage their current clinical challenges and provide meaning and hope. I integrate a variety of approaches including biological (medical, sleep, nutrition, exercise), psychological (cognitive-behavioral, self-talk, emotional), social (relationship skills: active listening, assertive communication, boundaries) and Spiritual (faith-based therapies such as forgiveness), as appropriate for helping individuals achieve more balance and satisfaction in life. Regardless of your spiritual orientation, I will always function in your best interests in using empirically proven, morally sound, comprehensive and integrative counseling services.

I believe that my responsibilities include understanding your current challenges, needs, desires, and levels of functioning and assisting you in choosing interventions based on your therapeutic goals. I will assess your needs very carefully and do all that I can to genuinely support you, and to demonstrate my commitment to helping you as much as possible within the boundaries of a Professional Counseling relationship. It is possible that you may at times experience the change process to be difficult and challenging. Whether the experience of learning new ways of coping with pain or an emotional trauma or simply a process of learning new ways to handle daily stresses and challenges, it is possible that counseling may generate occasional discomfort. I will work to actively support you through this process and to direct you to other sources of support and assistance when indicated or requested. If I am not able to effectively meet your counseling needs I will be clear with you regarding these limitations and ensure an appropriate referral.

Length of Sessions/Scheduling/Fees: Together we will decide on an appropriate schedule for counseling sessions based on your needs and our mutual availability. Evaluation and diagnostic assessments require one or more sessions, plus several hours of clinical interpretation and report writing post-session and will be assessed at a charge of \$325 per session. Results of evaluation sessions will be summarized, and a treatment plan will be developed and discussed with you at our next session. We will typically meet for 45-50 minutes per session unless determined otherwise. A \$225 charge per 45-50-minute individual session will need to be paid at the start of each session to Dr. Giordano. Family sessions with two or more clients are billed at \$150 per person, per session. Telephone sessions or phone contacts with collateral providers (up to 15 minutes) will be provided as needed and will be assessed at a charge of \$56.00 per call payable upon the next scheduled face-to-face session. A fee of \$75 is charged for cancellations with less than **48** hours notice. No-shows will be assessed at the full session fee scheduled for that day. Acceptable payment methods include cash, check, Debt Card, MasterCard, Visa, American Express & Discover. Clients with Blue Cross Blue Shield PPO, the NC State Insurance Plan, Health Net Federal Services [Tricare & MHN], Value Options, Coventry & First Health Networks, Aetna, CIGNA Behavioral Health, Optum, or NC Medicaid insurance will pay preferred rates until deductibles have been reached, then applicable co-insurance and co-payment(s) at time of service. Additional insurance companies are added periodically. Note, one copayment for each member, per session is required. Clients with other insurance will receive health insurance claim forms (HICF) on request should you choose to file with your insurance company in an effort to be reimbursed for your out of pocket costs. A diagnosis will be assigned as well as any other documentation needed to assist you in this process. ****Note**, you are personally responsible for knowing your insurance coverage details [deductible, copayment amount, out-of-pocket limits, annual policy reset dates, whether your insurance company covers sessions with Dr. Giordano, etc.] Clients are responsible for paying fees for services rendered at time of service and must communicate changes in insurance, and must immediately update Dr. Giordano of changes, or lapses in your coverage. We must have your insurance information at least 2 business days before our scheduled appointment to be able to verify your benefits, otherwise non-insured fees will be collected at the first appointment. For tele-therapy sessions, you will be required to verify your location each session. Note, not all counseling is appropriate for tele-therapy so Dr. Giordano will determine the suitability of tele-therapy on a case-by-case basis.

Assessment and Diagnosis: One or more evaluation sessions consisting of a structured clinical interview, evaluation of your psychiatric, social and medical history, a description of your goals and validated diagnoses will begin our work together. Additional diagnostic sessions may be necessary for complex cases or family work. A diagnosis will be given to you based on criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Dr. Giordano will discuss your diagnosis with you so that you may understand the exact nature of your assessed condition and the symptoms associated with this diagnostic process. This diagnosis may change during the course of counseling. Any change in diagnosis will be discussed with you and together we will develop a treatment plan and team as needed to address any new or changing diagnostic concerns. You will be asked to complete weekly homework assignments such as self-monitoring, practicing the skills you learn, and accessing resources [e.g., social support, medical, or psychiatric treatment, etc.] between sessions. Your active participation is necessary and determines how you will progress. Your diagnosis will be included in all medical record documentation and will remain protected according to federal confidentiality laws.

Confidentiality: The counseling relationship will be respected and protected by all applicable federal and state laws governing confidentiality of patient records. All disclosures are prohibited without your written consent to release information. Even if we believe it would be helpful to discuss your case with your family, significant others or other treatment providers, I am not able to do so without first obtaining your signed, written authorization to release your clinical information. While federal and state statutes protect your confidentiality, there are five specific instances in which I may release information without first obtaining your written consent: 1) Imminent intentional harm to another person; 2) Imminent intentional harm to yourself; 3) Life-threatening medical emergency; 4) Suspicion or awareness of child abuse or neglect; or 5) Court order.

Complaints or Grievances: Should you be dissatisfied with your progress or with any aspect of your professional counseling, please inform me directly and immediately. Your participation in this process is extremely important and our partnership will require honest communication about any concerns you may have. Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Clinical Mental Health Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@NCBLCMHC.org

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____