

**Professional Disclosure Statement  
For  
Heidi S. Birkner, M.A., LCMHCS, LCAS**

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I received a master's degree in counseling from Appalachian State University in August, 1998. I have over twenty years of experience as a professional counselor. I have successfully met the professional counseling standards established by the North Carolina Board of Licensed Clinical Mental Health Counselors (North Carolina Licensed Clinical Mental Health Counselor Supervisor # S3595) and the National Board for Certified Counselors (National Certified Counselor # 53069). I have also met professional standards established by the North Carolina Addictions Specialist Professional Practice Board (Licensed Clinical Addictions Specialist # 1048) and the National Board for Certified Counselors with certification as a Master Addictions Counselor (# 53069). I am also a Certified Brainspotting Practitioner and Consultant.

**COUNSELING SERVICES OFFERED/THEORETICAL APPROACHES**

Counseling is a process by which we work together to identify and work on any issues you bring to our sessions. My approach to counseling involves helping you to identify strengths within yourself and develop self-awareness. My therapeutic approach is eclectic typically blending a "Client-Centered" framework developed by Carl Rogers, "Adlerian Therapy" developed by Alfred Adler, "Cognitive Therapy" developed by Aaron Beck, "Reality Therapy" developed by William Glasser, and "Strategic Family Therapy" developed by Jay Haley. I am also trained in a brain-body based approach called "Brainspotting" developed by David Grand. I may use some expressive arts techniques such as writing, clay, music, or art during our sessions. These therapies are well established, researched, and respected within the profession. You are encouraged to become knowledgeable about goals, methods, and effectiveness. Should you ever have reservations regarding counseling or any specific interventions, or feel you are not progressing as you wish, it is important to discuss your concerns with me. The counseling theory or model we use needs to be acceptable to you. One of the important steps in counseling is establishing your goals for counseling. Along with your goals, the counseling plan will include the methods for achieving your goals, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. Before going further, I expect us to agree on a plan to which we will both adhere. Periodically, we will evaluate our progress and, if necessary, redesign our counseling plan, goals, and methods.

Counseling includes your active involvement as well as efforts to change your thoughts, feelings, and behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures. Instead, there will be homework assignments, exercises, writing and journals, and perhaps other projects. Most likely, you will have to work on relationships and make long-term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate; effort may need to be repeated. As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage from dissolution). I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping adults with personal growth, stress management, mood issues, substance use, and relationship issues. I also have experience working with adolescents and adults with mood disorders and behavioral issues. I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available. I voluntarily participate in peer supervision and consultation to ensure best practice techniques. Any cases reviewed in such supervision or consultation are kept confidential by changing names and any other identifying information.

**CONFIDENTIALITY**

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and my profession's ethical principles, in all but a few circumstances. There are two circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) when I believe you intend to harm yourself or another person; and (2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances Professional Counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and usually a signed Release of Information Form.

**EXPLANATION OF DUAL RELATIONSHIPS**

Our relationship will be professional, not personal. Contact will be limited to only counseling sessions. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. For this reason, please do not request to connect with me on social media platforms. To maintain our professional relationship and protect your confidentiality, I will not accept such requests of clients.

LENGTH OF SESSIONS

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 53 minutes in duration. We will schedule our sessions for our mutual agreement. If you are unable to keep an appointment, please call the office to cancel or reschedule at least 24 business hours in advance (For example, a cancellation for a Monday appointment would need to occur by the Friday prior to that appointment). If I do not receive such advance notice, you will be responsible for paying \$95.00 for the session that you missed prior to or at the beginning of the next session. Please understand that missed appointments cannot be billed to insurance. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

Initial \_\_\_\_\_

FEES/METHODS OF PAYMENT

In return for a fee of \$215 for evaluation and \$160 per 53 minute psychotherapy session, I agree to provide counseling services for you. Cash, personal checks, and credit cards are acceptable for payment at the time services are rendered. I can accept some insurance plans such as Aetna, Blue Cross Blue Shield, Centivo, MedCost, Tricare, and UMR. You will be responsible for deductibles and co-payments according to your insurance plan at the time services are rendered. As a courtesy, claims will be filed by my office. Please note that diagnostic codes are required to file insurance and will become part of your permanent medical records. There will be a fee of \$25 for every quarter hour required to write letters or complete disability forms. There is a \$25 minimum for letters and forms with payment expected at time of receipt of such documents.

Initial \_\_\_\_\_

CONTACT INFORMATION

My office number is (336) 314-3141. Please contact me with any questions or concerns. I will return calls within 24-48 business hours (Monday-Friday only). If you are in crisis and need immediate assistance, please call 911 or go to the nearest Emergency Room. I thank you for this opportunity to serve you and look forward to helping you obtain your desired treatment goals. If you wish to communicate with my office via email or text messaging regarding appointment scheduling, please initial consent below. Please understand that email and text messaging have no confidentiality in the eyes of the court, and I will not be held liable for any breach in confidentiality in such communication. Although I advise against it, if you choose to contact me electronically, my email address is: [heidi.birkner@gmail.com](mailto:heidi.birkner@gmail.com). Please note that this email is not monitored 24/7 and is not to be used for emergencies.

Initial \_\_\_\_\_

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the North Carolina Board of Licensed Clinical Mental Health Counselors at P.O. Box 77819, Greensboro, NC 27417, (844) 622-3572 for clarification of clients' rights as I've explained them or even to lodge a complaint. Should you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you and I will retain a copy in my confidential records.

CONSENT FOR TREATMENT

I voluntarily give my consent for evaluation and counseling services to be provided by Heidi Birkner. I understand that I may withdraw myself (or the client) at any time from treatment and refuse any treatment offered. I understand that if I miss a scheduled appointment, my communication to schedule another appointment will serve to re-engage me in treatment.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_