

Linda G. Cash M.Ed., NCC, LCMHC #4114
Licensed Professional Counselor

**Information and Consent
Qualifications and Experience**

Master's Degree in Educational Counseling, UNCG, 1992. NCC certification #27961 1992, LCMHC, Licensed Clinical Mental Health Counselor, 2003 # 4114 in NC

The Nature of Our Work Together

I open my practice to many types of clients including adolescents, and adults seeking assistance in working through life transition issues or improving the quality of their lives and relationships.

I accept into my practice only clients who I believe have the capacity to resolve their own problems with my assistance. Accepting oneself is a necessary part of this process leading to true contentment and happiness in life. It is a professional relationship, not a personal one.

I use many techniques to achieve our mutually agreed upon goals. These include first exploring core beliefs, reality therapy, narrative discussions, and my own life experience as my tools to assist you.

Counseling is a complex process, the outcome of which is not precisely predictable. Factors that contribute to the process include commitment to change, diligent effort, and consistency.

Confidentiality:

Limits of Confidentiality: Duty to break confidentiality/duty to warn include: Client discloses intentions or a plan to harm self or any other person, any harm to children or elderly persons, prenatal exposure to substances, minors or guardianship/parents have a right to access records of minors, insurance providers requesting dates of service and summaries.

Information you share with me will be kept in strict confidence. Only in circumstances as: 1) A two way release signed by you for another professional, 2) Intentions of harming yourself or someone else, 3) a judge orders me to release information, 5) A minor child is being abused or neglected.

My session rate is \$95. I accept cash, checks, PayPal, or Visa, Mastercard, Discover, and American Express credit cards. Cancellation policy/24 hour notice or fee expected for session missed.

I do not believe therapeutic counseling should be used for court purposes in the future and do not wish to attend court procedures. If required to do so, my hourly fee from leaving my home to return will be required for my presence.

If at anytime you are dissatisfied with my work, please let me know so we can address the issue. If you believe you have been treated in any unprofessional or unethical way, and discussing the problem with me fails to alleviate your concerns, contact the NC Board of Licensed Clinical Mental Health Counselors at P.O. Box 77819, Greensboro, NC 27417. Phone # 844 622 3572 or 336 217 6007, www.NCBLCMHC.org. My license number is 4114.

Licensee signature: _____ Client signature: _____ Date: _____
