

Methodist Counseling and Consultation Services
Professional Counseling Disclosure Statement

Shelton D. Davis, M.Div., M.A., L.P.C.A.

This statement is designed to provide you with information about my educational background as well as a general overview of the professional relationship that we will establish.

My Background:

Bachelor of Arts, Psychology and Religious Studies, UNC Chapel Hill, 1998
Master of Divinity, Union Presbyterian Seminary, Richmond, VA, 2001
Ordained Pastor, United Methodist Church, 2005
Master of Community Counseling, UNC Charlotte, 2010

I work with a variety of clientele, including individuals (adolescent and adult), couples, and families. I utilize a person-centered approach, which means that our sessions will start with you and your needs. Together, we will explore the issues that you bring to counseling in a holistic way, with emphasis on emotional, spiritual, and personal history perspectives. In our work together, it is expected that you will participate in the formation and completion of counseling goals so that our sessions will be meaningful and helpful to you. I also utilize homework assignments which will come directly from the topics we cover in sessions and are intended to help you continue to grow in between sessions.

I am fairly new to the counseling profession, but have had approximately two years of experience doing counseling. In my previous seven years of employment as a clinically-trained hospital chaplain, I worked with patients, their families, and hospital staff members to provide counseling and pastoral care. I am pursuing licensure as a Professional Counselor Associate in North Carolina. Throughout your therapy, I will be working closely with my supervisor, Mark Larson (704-375-5354, extension 406), to ensure that I am providing you with the best possible course of treatment.

Counseling Sessions:

All counseling sessions generally last 50 minutes and are scheduled weekly or bi-weekly, as mutually agreed upon. It is expected that your sessions will begin and end on time. If you are unable to attend a scheduled session, please call to cancel (704-375-5354 or 800-832-3014) or reschedule at least 24 hours in advance of your appointment to avoid being charged full fee for the visit. Any diagnoses given by your counselor will become part of your permanent client record.

Counseling Fees:

At Methodist Counseling and Consultation Services, our fee is \$125 per hour for individual, couple's, and family therapy, with a \$150 fee for the initial session. We accept cash, checks, and credit cards for session payments and all fees are due at the time services are rendered. We also accept several insurance plans. If you wish to have us pre-authorize services with your insurance company, please let us know. Note that it is

our mission to provide services at an affordable rate and therefore we also offer a sliding scale fee which ranges from \$5 to \$125 per session and is based on your income.

Confidentiality:

It is important for you to know that everything you discuss with your counselor, as well as your written client record, will remain strictly confidential. Supervision, both individual and group, will be sought by your counselor in order to best serve you, but your counselor’s supervision team is also bound by confidentiality laws and ethical mandates. The only other exceptions to confidentiality will occur if:

- 1) You share intent to harm yourself or someone else.
- 2) You share or imply knowledge of child or elder abuse or neglect.
- 3) If we receive a court order.

Complaint Procedures:

Please inform me if you have any questions or concerns regarding our work together. This will make our relationship more effective and productive for you. If you believe that you have been treated unethically by me, and cannot resolve this problem with me, you may contact my supervisor:

Mark Larson, D.Min., LPC
Methodist Counseling and Consultation Services
Dilworth United Methodist Church
605 East Boulevard
Charlotte, NC 28203

Or the licensing authority for North Carolina:

North Carolina Board of Licensed Professional Counselors
PO Box 1369
Garner, NC 27529

Please sign and date this form. I will retain one copy for my records and you will receive a copy.

Signature of Client or Legal Guardian

Date

Signature of Counselor

Date

Fee: \$ _____