

# PROFESSIONAL DISCLOSURE STATEMENT

Jonathan Golden, Ph.D.

Licensed Professional Counselor  
National Certified Counselor

MCCS  
311 Third Avenue, N.E.  
Hickory, NC 28601  
(828)322-6058

MCCS  
315 West Broad Street  
Statesville, NC 28587  
(704) 873-3279

## COUNSELING PRACTICE

Counseling services are provided to individuals and couples, youth and adults, in the areas of bereavement, depression/anxiety, life transitions, and personal and/or spiritual growth. My training is in mental health counseling with an additional specialization in issues of spirituality or faith. My areas of experience include: grief and bereavement, personal growth, anxiety and depression, and life and career transitions. In the counseling process, clients can be helped to understand themselves better, set personal goals, and be supported in the process of working toward those goals. If the client and/or counselor decides this counseling practice is not appropriate for the client's needs, the client will receive assistance in contacting an appropriate referral source which can better meet their needs.

Most clients can expect to benefit from counseling, making positive changes in their thoughts, feelings, behaviors, and styles of coping. Some, however, may not find counseling profitable. Even the most successful counseling and therapy may at times be painful or distressing, as the client deals with emotionally difficult issues.

My theoretical style is a blend of existential/humanistic and cognitive therapy, depending on the needs of the client. Techniques include individual counseling (talk therapy), assessment and interpretation of assessments, provision of appropriate information and facilitation of decision making, and goal setting. In addition, homework exercises may be given as needed.

## EDUCATION

Ph.D. in Pastoral Counseling  
Loyola College in Maryland  
Baltimore, MD

Masters Degree in Pastoral Counseling (CACREP Accredited)  
Loyola College in Maryland  
Baltimore, MD

## CREDENTIALS AND MEMBERSHIPS

National Certified Counselor (NCC)  
Certification Number 52470  
Licensed Professional Counselor  
North Carolina License Number 3882  
Member, American Counseling Association

## EXPERIENCE

Hospice of the Chesapeake Bereavement Center, Millersville, MD  
College of Notre Dame Counseling Center, Baltimore, MD  
Towson University Counseling Center, Towson, MD  
Methodist Counseling and Consultation Services, Hickory/Statesville, NC

COUNSELING FEES

Fees are \$125 for a 50 minute session (\$150 for the initial intake session), either by check (payable to MCCS), cash, or credit card (Visa or MC). Payment is due at the time of service. A sliding scale may be available for students or those unable to pay the full fee. A 24 hours notice must be given for cancellations or full payment is due. Insurance coverage is handled on a case by case basis. You should know, however, that for insurance purposes a DSM-IV diagnosis is given (see below) and becomes part of your permanent medical record.

AS YOUR COUNSELOR:

1. Informed Consent: I will inform you of the purposes, goals, techniques, and procedures under which you may receive counseling (ACA Code of Ethics, Section A3a). Prior to assessment, I will explain the nature and purposes of assessment tools and the specific use of results (ACA Code of Ethics, Section E3a). Results will become part of the client's record.
2. Confidentiality: I will protect the confidentiality of information received in our counseling relationship as specified by federal and state laws, written policies and ethical standards. For any of the following matters, legally and ethically, I may break confidentiality and involve others who can help: (ACA Code of Ethics is cited in parentheses.)
  - A. If mandated by a court of law (Section B1e);
  - B. if disclosure is required to prevent clear and imminent danger to yourself and/or others (Section B1c);
  - C. if I am made aware of the potential or actual occurrence(s) of physical/sexual abuse of minors, persons with disabilities or senior citizens (Section B1c);
  - D. I will disclose information to an identified third party who is at high risk of contracting a disease from you that is both communicable and fatal, providing that you have not already informed him/her or are not intending to do so (Section B1d).
3. DSM-IV (Diagnostic and Statistical Manual) diagnoses are used, and become part of the individual's file.

CONCERNS REGARDING LICENSURE

Should you have concerns regarding ethical issues in therapy, please ask me or contact:  
American Counseling Association  
5999 Stevenson Avenue  
Alexandria, VA 22304-3300

Should you have any concerns regarding licensure and/or practice, please ask me or contact:  
NC Board of Licensed Professional Counselors  
P. O. Box 1369  
Gamer, NC 27529  
(919) 661-0820

ACKNOWLEDGEMENT

I have read the above in its entirety. I am informed about the policy regarding confidentiality of information I may provide during counseling and the limits of that confidentiality. With full understanding of these provisions, I give my informed consent to receive counseling services.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Client)  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Client)

Signed \_\_\_\_\_(Counselor)