

Debra Eng, MSW, LCSW, LCAS
4020 Westchase Blvd. Suite 130
Raleigh, NC 27607
919.491.3644

Professional Disclosure Statement

Thank you for choosing me as your counselor. I promise to do my best in ensuring a safe environment where you can discuss openly your experiences, thoughts, concerns, and feelings. As a person-centered counselor, I strive to provide a positive therapeutic setting for all my clients, based on the pillars of person-centered counseling: unconditional positive regard, empathy, and genuineness.

Please review the rest of this disclosure statement and sign at the bottom.

EDUCATION

I earned a Masters in Social Work from UNC Chapel Hill School of Social Work (2002). My concentration was in Adult Mental Health and Substance Abuse. I earned a Bachelor's Degree from the University of Richmond in 1997. My undergraduate degree is in Sociology and Religion. I have specific training in Dialectical Behavioral Therapy, Mindfulness, Cognitive Behavioral Therapy, and Motivational Enhancement Therapy.

LICENSES/CERTIFICATIONS/PROFESSIONAL ORGANIZATIONS

- North Carolina Licensed Clinical Social Worker
- North Carolina Licensed Clinical Addictions Specialist

POPULATIONS SERVED

I primarily serve adults. I specialize in female responsive treatment. I have had the opportunity to work with a wide range of clinical issues from difficulty coping with current stressors, grief issues, spiritual conflicts, and adjustment issues to more chronic mental health problems such as major depression, PTSD, anxiety disorders, chronic substance abuse/dependency and borderline personality disorder. Although the diagnoses vary, all of my clients are looking for support, validation, and help making changes in their thoughts, feelings and behaviors.

DESCRIPTION OF SERVICES OFFERED

I provide individual therapy in my private practice. I use a variety of approaches to meet the needs of my clients. I specifically use interpersonal psychotherapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Enhancement Therapy and Mindfulness Based Counseling. All treatments are supported by the following values:

- people are doing the best they can with the skills that they have,
- people can change,
- people do get better,
- people may not have created their problems, but they do have to live with them.
- The therapeutic relationship is a safe place to explore issues, learn new ways of thinking and acting, and practice skills.

In order to maximize the benefits of counseling, I will often ask clients to complete homework assignments including practicing new skills.

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LENGTH OF SESSIONS, FEES, AND METHODS OF PAYMENT ACCEPTED

Therapy sessions last approximately 50 minutes. I charge \$90.00 per session. I prefer to receive payments by check. I do not currently accept credit cards, but will consider opening a paypal account if requested. I am currently accepting Blue Cross Blue Shield, Medicaid, Medicare. If you have any of these insurance plans, I will file with the insurance company and you will be responsible for the copay at the time of service. If you have other insurance, you are responsible for determining if you have out of network coverage and filing your insurance claims.

I require a minimum of 24 hours' notice for cancellation. Late cancellations or no-shows will result in a \$40 fee that will be due at your next session. (Medicaid patients are not responsible for this fee per Medicaid requirements). However, if you miss or late cancel more than 3 sessions, I will not be able to continue providing you with treatment.

COMMENTS ABOUT DIAGNOSIS

Most insurance companies require a diagnosis for reimbursement (e.g., Major Depressive Disorder). Please note that a diagnosis will become a permanent part of your records.

CONFIDENTIALITY

Information that you share during sessions is kept in strict confidence. Please refer to the Privacy Notice in this intake packet for detailed information regarding your Protected Health Information (PHI). **Confidentiality:**

All information shared will be kept *confidential* with the following *exceptions*;

- a) If I believe you are a *danger* to yourself or someone else
- b) If you give me *written permission* to disclose information
- c) In the case of *abuse* to a child or an elderly person confidentiality will be waived
- d) If the information is court ordered
- e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement
- f) In case of a *Medical Emergency*

Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken.

As a counselor I may be receiving supervision (by an individual who is bound by the same code of ethics) to continually improve my counseling skills, any information shared during supervision will be discussed for professional purposes only and every effort will be made to protect the client's identity.

REGISTERING COMPLAINTS

You have the right to complain if you believe your rights have been violated. You will not be retaliated against for filing a complaint.

North Carolina Social Work Certification and Licensure Board
PO Box 1043
Asheboro, NC 27204

Debra Eng, MSW, LCSW, LCAS
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or

North Carolina Substance Abuse Professional Certification Board
PO Box 10126
Raleigh, NC 27605
(919) 832-0975 Fax: (919) 833-5743

Signatures:

Client: _____ Date: _____

Witness: _____ Date: _____

(Debra Eng, MSW, LCSW, LCAS)