



Professional Disclosure

Monica McLamb, M.Ed., LCMHCA, NCC, BSN, RN

License #A14211

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CREDENTIALS AND EXPERIENCE

I earned my Associate in Science degree from Johnston Community College in 2004 where I majored in Nursing. I graduated with a Bachelor of Nursing degree from East Carolina University in 2014. I am licensed as a registered nurse in North Carolina. I continued my education at North Carolina State University and graduated with a Master of Education in Clinical Mental Health Counseling May 2018. I am a National Certified Counselor (NCC), as well as a Licensed Clinical Mental Health Counselor Associate level status by the state of North Carolina (LCMHCA). My formal counseling training and experience began Fall of 2016.

Licensed Clinical Mental Health Counselor Associate License # A14211
National Certified Counselor Certification #1098154

CLIENTELE SERVED

Individuals (Adults), Couples and Families

- Anxiety
- Depression
- Stress management
- Grief/Loss
- Body image
- Low Self-Esteem
- Self-Care
- Spirituality
- Parenting
- Self -Worth

Revised June 2021

- Life Transitions
- Academic Concerns
- Fertility Issues
- Emotional Symptoms and Trauma related to infertility
- Illness and Medical Management
- Other Trauma related symptoms

RESTRICTED LICENSURE

I am a Licensed Clinical Mental Health Counselor Associate by the state of North Carolina (LCMHCA).

I am under the supervision of Lindsay Caldwell, LCSW. She can be contacted at lindsaycaldwell@gmail.com.

THEORETICAL APPROACH

All individuals are different and can benefit from various therapeutic approaches. I use an eclectic approach to counseling and believe the best and most successful way to meet the goals and needs of the client is through collaboration. I will use Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT) Career Counseling, Art Therapy, Coaching, Compassion Focused, Emotionally Focused, Mindfulness-Based (MBCT), Motivational Interviewing, Person-Centered, Trauma Focused, Psychoeducation and neuroscience related to trauma. I will also use a Faith- Based approach while working with clients using scripture and prayer as requested by the client. Through using these theories, I assist clients in achieving their greatest potential and focus on the present. I encourage clients to use more energy on the present and not past or negative behaviors emphasizing self- actualization and self-growth.

FEES

Heritage Counseling and Wellness, PLLC requires that payments be made in full at the time of service. Should you wish to use an insurance policy for child or family counseling services, I ask that you contact your insurance company to inquire if the CPT Codes: 90846 and 90847 are covered in your plan. You should understand that most insurance companies require a psychiatric diagnosis in order to reimburse for mental health counseling. Unless otherwise specified on the financial agreement, the usual and customary fees range from a 30 min. session at \$100.00 to a 60 min. intake session at \$220.00. Fees and billing codes may vary according to the sessions length of time and type of service rendered (family, crisis, consultation, court, etc.). We accept Master Card, Visa, Discover, American Express, SHA/FHA cards, Check and Cash for payments for services.

In Network: We will file a claim with your insurance company for portions covered by your insurance. All fees not covered by your insurance are due at the time of service. You are also responsible for any balance not paid by your insurance.

Out of Network: At your request, we will provide you with a Super Bill to file with your insurance company. You are responsible for all fees at the time of service.

If my presence is required in court, a fee of \$300 per hour (with a one hour minimum charge) and an automatic one hour prep session fee is payable prior to the court date (this equals a \$600 retainer deposit). This includes my physical presence or standby phone testimony.

Cancellation Policy: With the exception of a life threatening emergency, I ask that you give at least 24-hours notice should you need to cancel or reschedule an appointment. Please understand that when you fail to show for an appointment, or cancel at the last minute, you are taking away valuable time that could be used for another client in need. You will be charged a \$75 fee for a missed appointment or no-show.

USE OF DIAGNOSIS

I utilize the Diagnostic and Statistical Manual of the American Psychiatric, Fifth Edition (DSMV) to make clinical diagnoses. It is important for clients to understand, if a client is using insurance, most of the time it is necessary for a diagnosis to be made for claims. Insurance companies may also request treatment plans or summaries. This information, including the diagnosis would become part of the client's permanent record. The diagnoses and other clinical information may be provided if client transfers to another therapist or collaboration is necessary with a client's physician or psychiatrist (with consent from the client).

CONFIDENTIALITY

I will not disclose information about your treatment, diagnosis, history, or even that you are a client without a signed Release of Information Form. Privacy and confidentiality of the information provided to me by the client, as well as records are upheld by federal and state laws. The privacy and confidentiality are also respected by the counselor's professional code of ethics. I will not provide any information that is discussed in therapy except for three exceptions. I cannot maintain confidentiality, through legal or ethical means in the following cases: (1) a client wishes to harm him/herself or another person, (2) when there are signs of elder/child abuse or neglect. When there is a report of elder/child abuse or neglect. (3) an order by a judge to release information is in place.

COMPLAINT PROCEDURES

Clients are encouraged to discuss any concerns with me; however, you may file a complaint against me with the organization listed below, should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Clinical Mental Health Counselors, P.O. Box 77819
Greensboro, NC 27417, Phone: (844) 622-3572.

STATEMENT OF UNDERSTANDING

By your signature below, you are indicating that you read and understand this statement, that any questions you had about this statement were answered to your satisfaction, and that you were offered a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

_____	_____
Client (Guardian) Signature	Date
_____	_____
Client Signature (if couples)	Date
_____	_____
Counselor Signature (level of licensure)	Date