

True Impact Counseling Services, PLLC Travis E. Williams M.Ed., LPC, CRC

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Raleigh, NC 27609

Professional Disclosure Statement

Qualifications

I earned a bachelor’s degree in Sociology from West Virginia State College located in Institute, WV in May 1997. In August 1999 I earned a Master of Arts degree in Sociology from Marshall University in Huntington, WV. In August 2009 I graduated with a Master of Education in Rehabilitation Counseling. I am a Licensed Professional Counselor my license number is 12758. Lastly, I am a Certified Rehabilitation Counselor (CRC) my national certification number is 00111031.

Counseling Background

I have 15 years of counseling experience. My areas of focus include working with individuals diagnosed with DSM diagnoses, couples, and youth ages 14 to 21. I also have extensive experience working with our veteran population as well as individuals living with disabilities. My approach to counseling is eclectic, I use a blend of cognitive behavioral therapy, emotion focused therapy, solution focused therapy, and mindfulness training.

Session Fees and Length of Service

I accept all major credit cards and cash only. All deductibles and copayments are expected at the time of service. Upon request I will provide documentation to submit to client’s insurance carrier for reimbursement purposes. I encourage my clients when possible to leverage their Flexible Spending Accounts. While I understand that on occasion circumstances arise that are out of client’s control, any session cancelled without a 24-hour notice will be charged a no-show fee that is to be paid at the beginning of the next scheduled session.

• Initial Consultation/intake session 140.00

• Individual sessions 115.00 per 50-minute session

• Couples or Family therapy sessions 130.00 per 50-minute session

• Pre-marital Counseling 75.00 per session or 200.00 for 5 sessions

• No show fee is 45.00

Insurance

I am an in-network provider for Aetna, Cigna, Blue Cross Blue Shield North Carolina, Humana, Optum, and United Healthcare.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some may not. If a health insurance company decides to reimburse their member, most will require that

they have a mental-health condition before they agree to reimburse their member. Not all conditions qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you. Lastly, any diagnosis made will become part of your permanent insurance records.

Confidentiality

Client’s application data, diagnosis, mental/emotional condition, and case progress notes maintained throughout the therapeutic process, becomes a permanent part of the client’s record. This information is considered private and will be kept strictly confidential. Moreover, this private information will not be released to other parties without a client’s written permission, and only the information a client agrees to disclose will be released.

Exceptions to Confidentiality clause

The client has signed a release form giving me permission to disclose information

There is reason to believe that a client may harm themselves, and or others

Medical Emergencies

Judge issues a court order directing that your records be released

I suspect that you or a family member is a victim of child or elder abuse I am obligated by law to file a report with the proper authorities.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization 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 Professional Counselors P.O. Box 77819 Greensboro, NC 27417 Phone: 844-622-3572 or 336-217-6007 Fax: 336-217-9450 E-mail: Complaints@ncblpc.org Acceptance of Terms We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_