



New Directions Psychotherapies, PLLC

136 Waxhaw Parkway - Ste E-110 Waxhaw, NC 28173

Professional Disclosure Statement (PDS)

Robert S Pennello, Sr., MA, LCMHCS (NC), LPC (SC), NCC

I am pleased that you have selected to receive counseling through New Directions Psychotherapies. I am Rob Pennello your therapist. I received a Masters Degree in Community Counseling/Psychology in 2011 through Regent University. I am a Licensed Clinical Mental Health Counselor Supervisor (LCMHCS) in NC (# S8956) and a Licensed Professional Counselor (LPC) in SC (# 7120), and a Nationally Board-Certified Counselor (NCC) (#276345). I possess over 30-years of overall counseling experience and have completed all educational requirements for certification in treating substance abuse. I am certified in both Soul Healing Love Theory and by the AACC in treating sexual addiction.

I utilize cognitive-behavioral theory, which emphasizes the importance of cognitions in influencing emotions, behaviors, and actions. Cognitive-behavioral therapy (CBT) is a structured and directive treatment approach providing clients with practical tools to manage difficulties in daily living. Techniques that may be employed over the course of counseling include relaxation training, identifying and combating negative thoughts and beliefs, 12-step integrated therapy, homework assignments, role-play and systems theory which views the interaction of relationships as the primary agent of lasting psychological change, as well as psychodynamic and experiential work as deemed appropriate.

From time to time, I may call your home, cell phone or other designated location and leave a message on voice mail or in person in reference to items such as appointment reminders, insurance items or anything else pertaining to your clinical care. Please notify us if you only want to be notified by a certain number or email.

Nature of Counseling: My goal is to help you identify your childhood wounds, faulty thinking, and unhealthy behavioral and relational patterns. We will walk beside you in the process. Unfortunately, there are no "quick fixes" in counseling, only hard work in the form of sessions, homework assignments, writing, and reading, learning tools and techniques, and attending workshops when appropriate. I take into account family background, past soul wounds, faulty thinking and unhealthy behavioral and relational patterns as well as past and current goals. I am a Christian counselor and therefore, I am qualified to provide spiritual support and guidance through scripture, prayer and biblical theology. Counseling is not always easy or comfortable but you will get from counseling what you put into it. During the course of counseling diagnoses may be made to aid in determining treatment options however the diagnosis does become a part of your records.

Counseling Relationship: Ours is a professional relationship and must be respected by both sides. There may be times in which we see each other in another context. To protect your confidentiality, I'll tend to avoid initiating contact with you. However, you always have the freedom to initiate contact with me.

Confidentiality

1. With the exclusion of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I view your information with the utmost respect for your privacy and in an effort to provide you with the best therapy possible. Please inform me if you are seeing another counselor or mental health professional during the course of our work together so that consistent treatment can be provided.

The following are legal exceptions to your right to confidentiality. I will inform you of them any time I think I will have to put these into effect.

- 2. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.**
- 3. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.**
- 4. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police.**
- 5. When I consult with parents regarding minor children or adolescents, information regarding sessions will only be shared if the welfare of the minor requires such information to be disclosed. This will be done in most settings through a group session with the minor and parent or guardian and therapist.**
- 6. If court ordered, this does not include a subpoena**

Length of Sessions and Cancellation Policy:

Sessions will typically last for 50 minutes. We will schedule our sessions per mutual agreement face to face, over the phone, or through email, as time is available. **Appointment cancellations must be made at least 25 business hours in advance to avoid being charged the full fee.** If advance notice is not given, you will be responsible for paying for the missed session. This fee is not only representative of the value of this process and my time, but also as consequence for keeping someone who is in need of service from being able to be seen. If you are ill, I am available to do sessions over the phone.

Emergencies

If you have an urgent situation, which you feel believe needs immediate support and I am not available over the phone, please call 911 or go to your nearest emergency room.

Fees/Methods of Payment, and Cancellation Policy

My standard fee is \$200.00 per 50-minute session however; I am willing to slide my scale in most cases when there is verified financial need established between \$150.00 and \$190.00. Payment is due at the time of service and we do not provide a billing option. The fee we have agreed upon to provide counseling is \$ _____. Cash and checks are acceptable forms of payment. We also accept Visa and MasterCard for your convenience; however, a 3% service charge will be included to cover the cost of use. For ease and to keep administrative costs low, we do require that a credit card number be kept on file to charge for appointments missed without appropriate notice. We will always follow up with you prior to running the credit card number. You will receive a receipt upon request for fees paid. There will be a \$25 fee for returned checks, and a \$15 fee for all bad credit cards.

Please note that all telephone conversations or additional paperwork lasting over 10 minutes is considered billable.

Procedure For Filing Complaints

If you are dissatisfied with any aspect of our work, please feel free to discuss your thoughts or feelings with me. If a problem arises requiring a legal remedy to solve, the client agrees to solve all problems through the means above or independent mediation and not pursue formal litigation. Formal complaints should be registered with the North Carolina Board of Licensed Professional Counselors (NCBLPC) - **Address:** PO Box 77819 Greensboro, NC 27417. **Emails:** LCMHCinfo@ncblmhc.org or <http://www.ncblpc.org>. Telephone: 844-622-3572.

Appropriate Referrals

If at the end of our counseling sessions you are not satisfied or more assistance is needed, I will refer you to an appropriate community referral to meet your needs.

Client Consent to Counseling

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to the release of information, understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake counseling with Rob Pennello MA, LPC, NCC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Mr. Pennello.

_____ Date: _____ Client #1 Signature (Parent or Guardian for a Minor)

_____ Date: _____ Client #2 Signature

_____ Date: _____ Robert S. Pennello, Sr., MA, LCMHCS, LPC,
NCC
Therapist Signature
