

Dr. Greta Zuck  
Licensed Clinical Mental Health Counselor Supervisor  
National Board Certified Counselor  
Registered Play Therapist Supervisor

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**Professional Disclosure Statement**  
**North Carolina Board of Licensed Clinical Mental Health Counselors**

Thank you for your interest in professional counseling. The following information is provided to orient you to my counseling practice and explain office policies and procedures. Please read this document closely. If you have questions or need clarification, please let me know.

**Education and credentials:** My advanced degrees are a Master of Science degree in Counseling Psychology and a Doctor of Philosophy degree in Psychology. I am a National Certified Counselor and hold licensure in the state of North Carolina as a Licensed Clinical Mental Health Counselor Supervisor. Additionally, I am a Registered Play Therapist Supervisor.

**Services offered:** My primary practice is the psychological assessment and treatment of children and adolescents, birth through age 20. I offer clinical assessment for children and adolescents, individual and group counseling services, family counseling, and parenting education and coaching. In addition to a general practice with children and adolescents, I specialize in treating adopted children with trauma-related conditions. In addition to working with children, I assess and counsel adults dealing with adjustment difficulties, mood and anxiety issues, and adult survivors of trauma or abuse. Within the community I provide presentations and trainings for organizations and agencies servicing children who have mental health issues. I also provide clinical supervision for graduate students, clinicians seeking counselor licensure, and clinicians seeking certification as a Registered Play Therapist.

**Counseling process:** The first step in the counseling process involves a clinical assessment. This is achieved by asking detailed questions about presenting problems and family history. Standardized screening inventories may be used to assist me with obtaining an accurate assessment. On occasion, I recommend comprehensive psychological testing to assist me with the assessment process. The second step is the development of a treatment plan. The treatment plan is based on the assessment data gathered in step one as well as your input. Agreed upon goals and interventions are then established. The third step is putting the plan into action. We will work collaboratively to reach the agreed upon goals of treatment.

**Counseling approach:** I utilize a variety of methods in the counseling process, choosing techniques based upon the assessment results of each client, the presenting issues, and the client's cultural background. With young children I use a variety of relationship and developmentally based play therapies to assist children with self-expression and problem resolution. With older children and adolescents I often use cognitive-behavioral approaches and trauma-informed therapies when indicated. Additionally, my work with children typically involves parenting education to assist parents with improving their children's condition and family therapy when there are stressors in the family system. My approach to working with adults involves psychodynamic and cognitive-behavioral modalities. I also employ mindfulness meditation and EMDR.

The counseling relationship is one that requires time, motivation, and dedication. Furthermore, counseling is generally most effective when sessions take place on a consistent basis. I generally meet with clients once weekly or every other week, but other arrangements can be made if necessary. I treat many clients on a short-term, predetermined basis, yet I also service clients who have more chronic mental health issues that require several years of therapy. I only provide treatment that is voluntary and with your consent, and you have the right to refuse any service without consequences. Although I engage in treatment that is research-based and practiced, please note that I cannot guarantee specific treatment results.

**For divorced or separated parents:** In North Carolina either parent may consent to mental health treatment for a minor child when there is joint custody; however, either parent can also request an end to therapy which I will honor. An exception to this occurs when there is a court order granting one parent medical decision making authority or a court order specifies otherwise. It is my policy to only treat children when both parents who have joint custody are in agreement for me to provide services absent a court order stating otherwise. With joint custody I prefer to involve both parents in the treatment of their child when possible. It is both parents' responsibility in joint custody to communicate with one another regarding therapy appointments and sessions.

**Counseling fee and insurance reimbursement:** My counseling fee is \$160.00 per hour with the exception of the initial evaluation fee which is \$170.00, and I accept cash and checks as payment for services. I am an out-of-network provider for insurance carriers. This means that you are required to pay the full fee for services. I will provide you with a receipt that you may submit to your insurance carrier to receive reimbursement should this be an option for you. How much you will be reimbursed depends on the specifics of your plan. Please contact your carrier directly to be sure you understand your benefits. You should also understand that insurance companies require a psychiatric diagnosis in order to reimburse for mental health

counseling. This diagnosis, once established, will become part of your permanent record. Please see my Financial Agreement Form for more detailed information. Please note that fees are reviewed annually and subject to revision.

**Cancellation policy:** With the exception of a medical emergency I ask that you provide at least 24-hours notice should you need to cancel or reschedule an appointment. If you provide less than 24 hours notice to cancel you will be charged a \$50.00 fee. If you fail to show for a scheduled appointment without providing notice, or cancel within an hour of your appointment time, you will be charged the full session fee. 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.

**Confidentiality:** Upon opening your case I will create a file that contains all information provided by you, as well as my own documentation. This file will be kept in strict confidence. Should I wish to obtain or share information with other professionals about you for treatment purposes, I will discuss this with you and ask for your written consent to do so. Please note that you have the right to full confidentiality with exception of the following circumstances:

- ❖ Confidentiality will be broken if disclosure is necessary to prevent clear and imminent danger to yourself or another person. This includes verbal statements that indicate you may seriously harm yourself or another person.
- ❖ Confidentiality will be broken if I suspect child neglect or abuse.
- ❖ Confidentiality will be broken if I am made aware that you have a communicable and fatal disease and that you have willfully exposed an identified third party to it.
- ❖ Confidentiality may be broken in a court of law. If information is requested in a court of law and you do *not* wish for me to release information, I will request to the court that confidentiality be maintained to protect your right to privacy. If I am ordered by a judge to release information then I am legally bound to release information and will only release the minimal amount of information required in order to protect your privacy.
- ❖ Confidentiality may not be maintained if you are using an insurance company to pay for services, as explained above. I will be as brief as possible with giving your insurance company information about you in order to protect your privacy.
- ❖ Confidentiality may not be maintained should you become delinquent with payment owed for services. The services of a collection agency and/or small claims court may be used to collect delinquent fees. Only the *minimal* amount of information about you would be released in this case, including your name, service dates, and amount due.
- ❖ In group counseling services facilitated by me, the importance of confidentiality will be discussed in the first group session with all group members. It is important for you to understand, however, that although I will maintain your confidentiality, I cannot guarantee all members of the group will do so.

**Office Hours and Emergencies:** I schedule sessions on an appointment basis only during the weekdays. **Should you have a mental health emergency and are not able to reach me, please go to your closest hospital emergency room or contact Holly Hill Hospital at (919) 250-7000, 3019 Falstaff Road, Raleigh, NC 27610. Crisis staff at Holly Hill Hospital are available 24 hours a day to assist you by telephone or at the facility.**

**Comments about service:** Your experience in counseling is very important to me. It is my sincere hope that we will develop an open and trusting relationship and that you will feel comfortable expressing any concerns you have about the counseling process. You may also express your concerns to the North Carolina Board of Licensed Clinical Mental Health Counselors at: P.O. Box 77819, Greensboro, N.C. 27417. Phone number (844) 622-3572.

Thank you for your consideration. Please acknowledge your acceptance of these policies and procedures by signing and dating below.

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Client

\_\_\_\_\_  
Date

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Greta Zuck, PhD, LCMHCS, NCC, RPT-S

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Date