

DISCLOSURE STATEMENT
INFORMATION AND CONSENT
BRIDGE COUNSELING

LARRY M. FURR MAC, MBA, NCC, LCMHC, CSAT

To My Valued Clients:

I am pleased to be working with you in a counseling capacity. This document is designed to inform you about my role and background and to address the counseling relationship.

I am a Licensed Clinical Mental Health Counselor in the State of North Carolina (# 7225) and a Nationally Certified Counselor (#221699). I also hold a certification as a Certified Sexual Addiction Therapist. I have a Masters degree in counseling from the University of North Carolina at Charlotte and hold a Masters in Business Administration from East Tennessee State University.

I have been a Professional Counselor since 2007 and have thousands of hours of clinical experience. In my counseling practice, I assist clients in the areas of marital relationships, sexual addiction, anxiety, depression, life change, career transition, spiritual and crisis issues, among many others.

I work with couples and individuals. I have extensive experience in working with couples, problematic sexual behaviors, career counseling and business coaching.

I will work with you in individual, couple or group counseling sessions. These sessions will be held in a professional atmosphere and will require your active involvement in efforts to change thoughts, feelings and behaviors. Counseling provides

no instant cures. There will be work in and out of the counseling sessions to include homework. Often, change takes time and effort from both the client and their families. My working approach to counseling is Reality-based with elements of Solution-Focused, Gestalt, Cognitive-Behavioral, and Existential theoretical orientations. I am trained in EMDR trauma therapy. I am a Christian and find those influences greatly assist in successful counseling.

Confidentiality

Counseling discussions are confidential and will be handled with dignity and respect. There are several instances where confidentiality must be broken;

1. When I believe the client intends to harm self or others
2. When I believe abuse or neglect has taken place
3. When you sign a Release of Information form allowing me to speak to a third party
4. If the court orders release of information

In order to maintain confidentiality, any electronic communication between us will be strictly to confirm or schedule appointments only.

Dual Relationships

Counseling can a very intimate psychological experience requiring a professional and not a social relationship. Client contact will be limited primarily to counseling sessions. Clients in counseling are best served in a professional setting.

Fee/Insurance

My fee is per session is payable by personal check or cash prior to each session.

My fee structure is \$110-\$140 per session depending on clinical need. Each session is 50 minutes in length. I do not accept insurance reimbursement. I will provide you with a form you may file with your insurance company if you wish. Our initial session will consist of reviewing your history and goals in counseling and establishing the counseling relationship.

If you have questions or concerns about our counseling sessions, please contact me at 704 7560317 and we will attempt to resolve it. If we cannot resolve your concern, you may contact The North Carolina Board of Licensed Clinical Mental Health Counselors at 7-D Terrance Way Greensboro NC 27403 phone 844 6223572.

If you have any questions about this information, please contact me. I look forward to working with you. Please sign and date two copies of this letter and one will be returned to you and I will retain a copy in my confidential records.

Client

Date

Parent/Custodial Person (if applicable)

Date

Larry M. Furr MAC, MBA, NCC, LCMHC, CSAT
Licensed Clinical Mental Health Counselor

Date

