

## **Professional Disclosure Statement**

**Crystal V. Blair, M.S., NCC, LPCA, LCAS-A**

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Welcome, and thank you for allowing me to take part in your life's journey. This statement will inform you of my background, counseling approaches, and your rights. This document is mandated by both North Carolina Administrative Codes Rule .0204 of Chapter 53, Title 21 and the LPC Act Section 90343. If you have any questions, please feel free to discuss them with me at any time.

### **Education and Experience**

I earned an MS (2012) in Neuroscience from Wake Forest and an MS (2015) in Clinical Mental Health Counseling from The University of North Carolina at Greensboro. I am a Licensed Professional Counselor Associate (LPCA #A11903) approved by the Board of North Carolina Professional Counselors, a National Certified Counselor (NCC #630329) by the National Board of Certified Counselors, and a Licensed Clinical Addiction Specialist Associate (LCASA #22024) by the NC Substance Abuse Professional Practice Board. I hold certification of completion in Motivational Interviewing (MI) (NCSAPPB #13-196-S), Acceptance & Commitment Therapy (ACT), North Carolina Disaster Response Network (NC DRN), and Applied Suicide Intervention Skills Training (ASIST). I have additional training in American Society of Addiction Medicine (ASAM) Criteria, LGBTQ university campus allies, Couples and Family Therapy, Wellness Counseling, and Neuro/Biofeedback. My experience is in crisis services, substance abuse-inpatient, and college-outpatient settings.

### **Counseling Philosophy and Services**

My therapeutic approach has a holistic framework and Family Systems foundation, integrating techniques to promote Whole-Person Wellness within each of the eight Dimensions of Wellness; Emotional, Environmental, Financial, Intellectual, Occupational, Physical, Social, and Spiritual. In this way, I can provide you with individualized care to meet your unique needs while recognizing that you function as part of a larger system. Some integrated techniques are from Motivational Interviewing (MI) to assess motivation to change and address any ambivalence towards change, Rational Emotive Behavioral Therapy (REBT) to help address the negative, faulty, or irrational thoughts and self-talk messages, and Existential to help externalize problems and redefine meaning and purpose. My counseling services address concerns or issues including, but not limited to:

- Alcohol/drug/substance use and addiction (both with individuals and their family members)
- Depression and anxiety
- Shame, self-esteem, and self-image
- Wellness, spirituality, and mindfulness
- Grief, loss, and trauma
- Gender and Sexuality
- Couples and family concerns such as: conflict resolution, boundary setting, intimacy, attachment, and communication difficulties
- Developmental and life transitions

As a counselor at UNCSA, I work as part of a wellness team and am able to make referrals, as needed. A psychiatrist is available to provide further assessment as well as a diagnosis and medication, if needed. If a qualifying diagnosis is appropriate in your case, you will be informed before we submit the diagnosis. Any diagnosis made will become part of your permanent insurance records.

### **Clientele Served, Fees, and Appointment Information**

As a currently enrolled student at the University of North Carolina School of the Arts, mental health care is free and unlimited for as long as benefit is demonstrated. Sessions are provided weekly and are 45 minutes long. There is no fee for any of my counseling services. Fees apply for psychoeducational evaluations, which depend on type and nature of evaluation; (cash, charge and check accepted); superbills provided upon request for insurance reimbursement. Cancellations: 24-hour notice.

### **Records & Confidentiality**

All of our communication, including diagnoses, becomes part of the clinical record, which is accessible to you upon request (unless doing so would be psychologically harmful). I will keep confidential anything that you say to me, with the following exceptions: a) you direct me to tell someone else, b) I determine that you are a danger to yourself or others, c) I am ordered by a court to disclose information, d) I suspect or am made aware of physical/sexual abuse of minors, persons with disabilities, or seniors, e) I am working collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care, and/or f) you are a minor for whom confidentiality is limited to the extent exercised by your parent/legal guardian.

In the instances where students participate in group counseling, I cannot guarantee confidentiality from other group members. However, I will do everything I can to ensure all group members understand confidentiality policies and that breaching confidentiality results in automatic dismissal from the group.

**Length of Sessions and Cancellation**

Individual sessions last 60 minutes and group sessions last 90 minutes. Two unexcused absence to a group session is means for dismissal from the group. If dismissed from group due to absences, you may join the next group. As a client you have the right and responsibility to set and keep appointments. Contact me at least 24 hours in advance to cancel or reschedule appointments.

**Referrals, Complaints, and Informed Consent**

If for any reason you feel that I am not meeting your therapeutic needs, I encourage your feedback and will attempt to adjust my approach. If I am not able to resolve your concerns, I am happy to provide you with referrals to other university or community referrals. I am in compliance with the North Carolina Board of Licensed Professional Counselors (NCBLPC) and abide by the ACA and NBCC Code of Ethics. If you feel that I am in violation of any of these codes, please inform me and my supervisor or file a complaint with the North Carolina Board of Licensed Professional Counselors.

- Clinical Supervisor, Annamarie Gallagher; Clinical Supervisor of UNCSA Counseling Center telephone: 336-770-3288; email: [gallaghera@uncsa.edu](mailto:gallaghera@uncsa.edu)
- North Carolina Board of Licensed Professional Counselors, PO Box 77819, Greensboro, NC 27417; telephone: 844-622-3572; fax: 336-217-9450; email: [LPCInfo@ncblpc.org](mailto:LPCInfo@ncblpc.org)

I do NOT give my consent to be videotaped for the purpose of clinical supervision

I have read, understand, and agree to the information given in this form.

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Client's Printed Name

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Client's Signature

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Date

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Parent/Guardian's Signature

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Date

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Crystal V. Blair, M.S., LPCA, LCAS-A, NCC

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Date