

# **Center for Emotional & Sexual Health, PLLC**

## **PROFESSIONAL DISCLOSURE STATEMENT STATE OF NORTH CAROLINA**

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The following disclosure statement will provide you with some basic information regarding the process and procedures for participating in psychotherapy at the Center for Emotional & Sexual Health, PLLC. Hopefully, many of your concerns will be addressed in the information that will follow. You may also contact me directly to clarify or address any issues that you do not understand or may be unsure about.

### **My Experience and Education**

I am a North Carolina Licensed Professional Counselor (#6581) and National Board Certified Counselor (#230710). I have six years of psychotherapy experience with my undergraduate degree from the University of North Carolina at Chapel Hill awarded in 1996, and my Master's in Christian Counseling from Gordon Conwell Theological Seminary awarded in 2004. I have practiced in a variety of clinical settings, including outpatient mental health, and intensive in-home therapy with Youth Villages.

I specialize in the treatment of couples, adult individuals, and families. My areas of focus include marital relationship issues, depression, anxiety, trauma, abuse, grief, oppositional behavior, parenting issues, and stress and anger management. I also address such issues as divorce, job loss, and career changes.

### **Therapeutic Orientation**

Therapeutic orientations most often utilized in counseling include cognitive behavioral, solution focused, and multi-systemic therapy. The individual needs of the client combined with the treatment goals established often determines the orientation(s) that will be most effective. It is also important for the client to feel as though the therapeutic orientation is a good match for his/her personality and needs.

### **Couples Therapy**

In most couples therapy, Gottman Method Couples Therapy will be utilized. I have completed Level II training in Gottman Method Couples Therapy. The Gottman Method Couples Therapy is

based on Dr. John Gottman's research that began in the 1970s and continues to this day. The research has focused on what makes marriages succeed or fail. From this research, Drs. John and Julie Gottman have created a method of therapy that emphasizes a nuts-and-bolts approach to improving clients' relationships. This method is designed to help teach specific tools to deepen friendship and intimacy in your relationship. To help you productively manage conflicts, you will be given methods to manage resolvable problems and dialogue about gridlocked issues. We will also work together to help you appreciate your relationship's strengths and to gently navigate through its vulnerabilities.

**Gottman Method Couples Therapy Consists of five parts: assessment, treatment, out of therapy, termination, and outcome evaluation.** Early in the assessment phase, you will be given some written materials to complete that will help me better understand your relationship. In the first sessions, we will talk about the history of your relationship, areas of concern, and goals for treatment. In the next session, I will meet with each of you individually to learn your personal histories and to give each of you an opportunity to share thoughts, feelings, and perceptions. In the final session of assessment, I will share with you my recommendations for treatment and work to define agreed-upon goals for your therapy. Most of the work will involve sessions in which you will be seen together as a couple. However, there may be times when individual sessions are recommended. I may also give you exercises to practice between sessions. The length of therapy will be determined by your specific needs and goals. In the course of therapy, we will also evaluate your satisfaction and progress. Also, I will encourage you to raise any questions or concerns that you have about therapy. In the later stage of therapy, we will phase out or meet less frequently in order for you to test out new relationship skills and to prepare for termination of the therapy. Although you may terminate therapy whenever you wish, it is most helpful to have at least one session together to summarize progress, define the work that remains, and say good-bye.

In the outcome-evaluation phase, as per the Gottman Method, four follow-up sessions are planned: one after six months, one after 12 months, one after 18 months, and one after two years. These sessions have been shown through research to significantly decrease the chances of relapse into previous, unhelpful patterns. In addition, commitment to providing the best therapy possible requires ongoing evaluation of methods used and client progress. The purpose of these follow-up sessions then will be to fine-tune any of your relationship skills if needed and to evaluate the effectiveness of the therapy received. Generally speaking, the assessment requires about 4 hours spaced out over four in-office sessions. It will also require about 1 hour of paperwork. The components of the assessment are as follows:

Session #1 Intake Interview    Session #2 & #3 Individual Interviews    Session #4 Treatment Planning

### **Fees, Insurance, & Sessions**

The initial meeting will last for approximately one hour and the fee is \$130. **All first visits are “interview/evaluative” to assess comfort, need, risk and compatibility. It is possible that a referral may be made if it is not a good fit.** If additional sessions are scheduled, they will last for approximately 50 minutes each. The fee for a regular 50 minute session is \$110. If a client has mental health coverage provided by Blue Cross Blue Shield, the client will only be responsible for payment as determined by the contract with BCBS. If a client has other insurance coverage, out-of-network benefits may apply. If a client is seen out-of-network, the full session fee will be expected at the time of service. The client will be responsible for filing their own out-of-network insurance claim.

I am currently able to accept cash, checks, and Visa/Mastercard as acceptable forms of payment. **If a session is missed without a 24 hour notice, the full session fee will be charged. If I am required to testify or appear in court on your behalf, there will be a fee of \$500 for my services.**

### **Confidentiality**

In most situations, issues and information that are shared within the context of the therapeutic relationship will be kept confidential. The following are exceptions to the right of confidentiality:

1. If I suspect that a child or adult is being abused
2. If I believe you may harm yourself, or may harm another individual
3. If a court requires me to testify or share client information

Your insurance company may also inquire about treatment progress and treatment goals. A diagnosis will need to be provided to them and will become part of the permanent medical record. With children and adolescents, confidentiality can become more of a challenging issue. The age of the child or adolescent and issues discussed will have a direct impact on the level of confidentiality that is permitted. These limits will be discussed at the initial intake session. Confidentiality is very important to the therapeutic relationship and all possible measures will be utilized maintain privacy within the extent of the law.

### **Availability**

I am typically in the office Monday thru Friday between the hours of 10 a.m. and 6 p.m. I can be reached by email or telephone during these times. If I am unavailable and there is an immediate emergency, please call 911 or contact Holly Hill Hospital Respond at 919-250-7000. You may also go to your nearest emergency room. **If I am on vacation or unable to provide counseling services for any reason, please call my colleague Bill Bixler, PhD at 919-571-5378.**

### **Termination of Counseling**

If you miss a scheduled appointment and do not call and reschedule within 14 days, I will assume that you wish to terminate counseling services. A note will be placed in your file noting that counseling services have been terminated. If it has been 30 days since our last appointment, and you have not rescheduled, I will send a follow up letter to you to determine if you wish to continue counseling services. It is important that you respond to this letter and notify me of your wishes.

**Process for Filing a Complaint**

If you feel it is necessary to file a complaint, you may contact the North Carolina Board of Licensed Professional Counselors at the following address and phone numbers: North Carolina Board of Licensed Professional Counselors, P.O. Box 1369, Garner, NC 27529-1369, Phone (919) 661-0820.

**Acceptance of Disclosure Statement**

I agree, that by signing below, I have read and been given a copy of the Professional Disclosure Statement for the Center of Emotional and Sexual Health, PLLC. I agree to its terms and conditions and understand that I may withdraw from therapy at any time.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

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Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date