

## Professional Disclosure Statement

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**Jay Cobb, MACC, LMFT, LPCA**  
**LMFTA – 11057A; LPCA – A12369**  
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*(Information and consent for Treatment)*

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The decision to enter into a counseling relationship is a serious commitment that can be a life changing experience. Research has shown that individuals who understand the counseling process are more likely to achieve favorable results. This document is designed to inform you of the counseling process, the various therapeutic modalities that may be used, and my background. It will also document your understanding and consent to treatment.

### **Background and Training**

I hold a Masters degree in Christian Counseling from Gordon-Conwell Theological Seminary in Charlotte, NC. My studies have afforded me the education and experiences necessary for licensure as a Licensed Professional Counselor Associate as well as a Licensed Marriage and Family Therapy. I have been counseling for 7 years in various settings. My counseling is under the supervision of a Licensed Professional Counselor Supervisor and a Marriage & Family Therapy Supervisor. His name is Dr. Morgan Enright, PhD, LPC-S, LMFT-S, AAMFT-S. His contact number is 704-519-5301. My previous education includes a Bachelors Degree from the University of North Carolina in Chapel Hill, NC. I bring a wealth of life experience and knowledge to the counseling session.

### **Counseling Services Offered**

With respect to my theoretical orientation for counseling, I believe that we are whole persons, with physical, psychological, social and spiritual aspects, so therefore I am committed to an integrated approach of compatible psychological perspectives. These psychological perspectives include but are not limited to Psychodynamic Therapy, Family Systems, Cognitive-Behavioral Therapy, Solution Focused Therapy, Emotionally Focused Therapy, Motivational Interviewing, Dialectical Behavioral Therapy and Narrative Therapy. They are well established and researched methods of therapy that are widely respected as being effective. I respect your religious/spiritual orientation and therefore whether we include discussion of the spiritual dimension of life in our time together will be entirely up to you.

I have experience working with individuals and couples. Clients with whom I work seek counseling for difficulties due to common life events. This includes depression, anxiety, grief, adjustment difficulties, life goals, career strategies, relationship issues, trauma and addiction. I do not work with people whom, in my professional opinion, I cannot help using the resources and skills I have available, and will in such cases offer a referral to another therapist who may be better equipped to help.

### **Confidentiality**

I regard the information you share with me with great respect. All information that you share with me including notes and records as well as assessment results is confidential and will not be released to any outside person or agency without your written authorization.

There are circumstances in which I cannot guarantee confidentiality, either legally or ethically:

1. If child or elder abuse or dependent-impaired adult neglect is suspected, the law requires the therapist to report it to the appropriate authorities.
2. If the therapist believes that the client is in clear and imminent danger to self or others, in order to prevent harm, other people will be contacted.
3. If a client is being evaluated or is in treatment by order of a court of law, the results of the evaluation and/or treatment must be revealed to the court.

In order to improve my clinical skills and obtain additional training I may audio/video tape counseling sessions. These sessions may be discussed with and reviewed by a licensed clinical MFT or LPC supervisor. Confidentiality concerning such tapes is considered the same as the counseling sessions themselves. Following feedback, the tapes will be destroyed.

### Sessions and Fees

I assure you that my services will be provided in a professional manner and will be consistent with accepted ethical standards. After we decide on the frequency of appointments (generally once a week) and the appointment time, I will reserve this time for you. Sessions are 50 minutes long. The length of treatment varies depending on the therapist, the client (s) and the nature of the problems. Typically, treatment will last 8-12 sessions for relatively specific problems but may be significantly longer for more severe problems.

My fee is \$125.00 per session with \$150.00 for the initial intake and is due in full at the end of the session and is payable by cash, credit card or check. I do not contract with insurance companies directly, but you may file for reimbursement. Your insurance company may require information regarding diagnosis, symptoms, treatment goals and methods. Most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before you submit the diagnosis to the health insurance company. Any diagnosis provided to your insurance company becomes a part of your permanent medical record. Please understand that you, the client, are fully responsible for payment of fees for services provided regardless of any insurance coverage you may have. Cancellation of appointments must be made **24 hours prior to your appointment**. If the appointment is not canceled within this time period, you will be charged the fee of a regular session.

### Complaint Procedure

All clients are encouraged to discuss any concerns with me or you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors  
PO Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3571 or 336-217-6007  
Fax: 336-217-9450  
e-mail: [complaints@ncblpc.org](mailto:complaints@ncblpc.org)

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I (we) agree to these terms and will abide by these guidelines.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_