



Sanctuary Counseling Group
Professional Counseling Disclosure Statement
Shelton D. Davis, M.Div., M.A., L.P.C., N.C.C.

This statement is designed to provide you with information about my educational background as well as a general overview of the professional relationship that we will establish.

My Background:

Bachelor of Arts, Psychology and Religious Studies, UNC Chapel Hill, 1998
Master of Divinity, Union Presbyterian Seminary, Richmond, VA, 2001
Ordained Pastor, United Methodist Church, 2005
Master of Community Counseling, UNC Charlotte, 2010

I work with a variety of clientele, including individuals (adolescent and adult), couples, and families. I utilize a person-centered approach, which means that our sessions will start with you and your needs. Together, we will explore the issues that you bring to counseling in a holistic way, with emphasis on emotional, spiritual, and personal history perspectives. In our work together, it is expected that you will participate in the formation and completion of counseling goals so that our sessions will be meaningful and helpful to you. I also utilize homework assignments which will come directly from the topics we cover in sessions and are intended to help you continue to grow in between sessions.

I have had approximately eight years of experience doing counseling. In my prior years of employment as a clinically-trained hospital chaplain, I worked with patients, their families, and hospital staff members to provide counseling and pastoral care. I am a Licensed Professional Counselor (LPC #8014). Throughout your therapy, I will be utilizing a supervisory peer group and occasional individual supervision to enhance the therapeutic care that I give to you. These professionals maintain the same ethical commitment to confidentiality as I do.

In order to observe the highest ethical standards, I am unable to perform ministerial tasks for clients such as weddings and funerals.

Counseling Sessions:

Counseling sessions generally last 50 to 60 minutes and are scheduled weekly, bi-weekly, or monthly, as mutually agreed upon. It is expected that your sessions will begin and end on time. If you are unable to attend a scheduled session, please call to cancel (704-375-5354) or reschedule at least 24 hours in advance of your appointment to avoid being charged full fee for the visit (full fee is \$125, even if insurance or sliding scale is normally used for a client). Any diagnoses given by your counselor will become part of your permanent client record.

Counseling Fees:

At Sanctuary Counseling Group, our fee is \$125 per hour for individual, couple's, and family therapy, with a \$150 fee for the initial session. We accept cash, checks, and credit cards (Mastercard and VISA only) for session payments and all fees are due at the time services are rendered. We also accept several insurance plans. If you wish to have us pre-authorize services

with your insurance company, please let us know. Note that it is our mission to provide services at an affordable rate and therefore we also offer a sliding scale fee which ranges from \$75 to \$125 per session and is based on your income. Here is the sliding scale based on earned income:

Annual Income Earned	Per Session Fee
\$30,000	\$50
\$40,000	\$65
\$50,000	\$75
\$60,000	\$85
\$70,000	\$95
\$80,000	\$105
\$90,000	\$115
\$100,000	\$125

Agree upon fee: \$ _____

Confidentiality:

It is important for you to know that everything you discuss with your counselor, as well as your written client record, will remain strictly confidential. Supervision, both individual and group, will be sought by your counselor in order to best serve you, but your counselor's supervision team is also bound by confidentiality laws and ethical mandates. The only other exceptions to confidentiality will occur if:

- 1) You share intent to harm yourself or someone else.
- 2) You share or imply knowledge of child or elder abuse or neglect or the abuse or neglect of another person who is unable to advocate for him/herself.
- 3) If we receive a court order.

Complaint Procedures:

Please inform me if you have any questions or concerns regarding our work together. This will make our relationship more effective and productive for you. If you believe that you have been treated unethically by me, and cannot resolve this problem with me, you may contact the licensing authority for North Carolina:

North Carolina Board of Licensed Professional Counselors
PO Box 77819
Greensboro, NC 27417

Please sign and date this form. I will retain one copy for my records and you will receive a copy.

Signature of Client or Legal Guardian

Date

Signature of Counselor

Date