**PROFESSIONAL DISCLOSURE STATEMENT**

**Kristen V. Harrell, MS, LPC-A**

**The Center for Counseling & Wellness, Inc.**

110 Ye Olde Kings Highway, North Myrtle Beach, SC, 29582

Phone: 843-663-0770 Fax: 843-663-0772

**FORMAL PROFESSIONAL EDUCATION AND CERTIFICATIONS:**

* Bachelor of Science in Psychology from Francis Marion University 2018
* Master of Science in Applied Psychology in Clinical Psychology from Francis Marion University 2021
* PREPARE/ENRICH for relationships/married couples’ certification 2021
* SC LLR, SC License # **8167** Certified Licensed Professional Counselor-Associate (LPC-A) 2022

**KRISTEN V. HARRELL** is a Licensed Professional Counselor Associate (LPC-A) and is qualified to provide professional counseling services under the supervision of Jonathan Bennett, JR., MA, LPC, NCC, CAMS-I, Illyana Annunziato, MS, LPC, LPC-S Candidate, NCC, BC-TMH, EMDR Trained, and Bruce A. Lynch, MA, LPC-S, CAC-II. She works with individuals, couples, and families to help them cope with anxiety, depression, trauma, marital/relationship issues, grief, life transitions, career development, mood disorders, and other mental, emotional, and spiritual issues. She sees clients of any ageat the North Myrtle Beach office or virtually via Tele-Mental Health services.

**FEES SCHEDULE**: Sliding Fee Scale is $90.00 - $180.00 per clinical hour. Medicaid is also accepted. Additional fees are scheduled for court appearances and other requested outside services.

**CANCELLATION POLICY**: Please note that a $50.00 fee will be charged each occurrence if appointments are not canceled with at least 24 hours’ notice.

**EXPLANATION OF DUAL RELATIONSHIPS:** Although our sessions may be intimate emotionally and psychologically, it is important to remember that our relationship is a professional one rather than a social one. Therefore, our contact is limited to your sessions. If we happen to encounter one another outside of our sessions, I will not approach you to ensure confidentiality.

**CELL PHONE POLICY:** The clinician may provide her cell phone number for emergencies, only. By signing this document, the client understands that the clinician’s personal cell phone is not a HIPPA compliant device, and the client waives their rights to confidentiality if the client contacts the clinician on this platform.

**CONFIDENTIALITY:** Conversations and concerns that are discussed during our sessions will legally and ethically be held confidential. However, there are situations in which I cannot legally or ethically hold the information confidential, such as:
(1) If you disclose or it is reasonably suspected that you will pose imminent danger to the health and safety of yourself or others. (2) If at any time you disclose that a child, disabled person, or elder adult has been or will be abused or neglected. (3) In the event that a court order requires the release of case records or direct testimony. (4) If you request that your records, be released, and sign a release of information form. (5) If you are a minor, your confidentiality is constrained by the request of your parents and/or legal guardian.

*\*If you have any questions regarding these limitations listed, please feel free to ask at any time.*

**COMPLAINTS:** This document is mandated by South Carolina state law and Public Law 104-191 for your protection. Rights and procedures to file a complaint: If you feel you have been treated in an unethical manner by Kristen V. Harrell while a client at The Center for Counseling & Wellness, Inc., it is your right to file a complaint with the Board of Examiners for Counselors and Therapists. You may file a complaint by sending a letter directly to the Board of Examiners by calling them and requesting the appropriate forms and guidance. The following contact information that you may need: SC Department of Labor, Licensing, and Regulations, Board of Examiners for Licensure of Professional Counselors and Marital and Family Therapists, 3600 Forest Dr., Suite 101, P.O. Box 11329, Columbia, SC 29211-1139; Telephone 803-896-4658; Fax 803-734-4284.

Your signature indicates that you have read, understood, and a copy of this document is available to you at your request.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*THIS INFORMATION IS REQUIRED BY THE STATE OF SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION BOARD OF EXAMINERS FOR COUNSELORS, THERAPISTS, & PSYCHO-EDUCATIONAL SPECIALISTS WHICH REGULATES ALL LICENSED AND REGISTERED COUNSELORS AND SOCIAL WORKERS.*