

## **PROFESSIONAL DISCLOSURE STATEMENT**

### **Liberty Case, BS Psychology, MA Clinical Mental Health Counseling (in 08/22)**

The Center for Counseling & Wellness, Inc.  
110 Ye Olde Kings Highway, North Myrtle Beach, SC 29582  
4466 Holmestown Rd., Myrtle Beach, SC 29588  
Phone: 843-663-0770; Fax: 843-663-0772

#### **Formal Professional Education and Certifications:**

- Master of Arts in Clinical Mental Health Counseling from Liberty University expected August 2022
- Bachelor of Science in Psychology from Southern Utah University, 2003
- Prepare Enrich Certified

Liberty Case is qualified to provide professional counseling services under the supervision Illyana Annunziato, MA, LPC, BC-TMH, NCC. She works with individuals, couples, and families to help them cope with mood disorders, addictions, relationship conflicts, life transitions, behavioral issues, parenting issues, and other mental and emotional problems. She sees clients of all ages at the Surfside office and virtually via TeleMental Health services.

**Fee Schedule:** Sliding Fee Scale. (\$15-\$140)

**Cancellation Policy:** Please note that a \$15.00 fee will be charged each occurrence if appointments are not cancelled with at least 24 hours notice.

**Counseling Limitations and Risks:** My counseling services are limited to the scheduled sessions we have together. There are some risks to counseling. You may experience uncomfortable levels of sadness, anger, frustration, etc. as you explore your personal history. Counseling can help people gain new understanding and coping strategies to deal with these feelings. With new skills, people often gain insight about their past, have reduction in stress, and experience improved relationships. To better serve you, our counseling relationship will remain purely professional rather than developing a friendship. In the event you feel your mental health requires emergency attention or if you have an emotional crisis, you should report to the nearest emergency room of a local hospital and request mental health services or call 911. For questions pertaining to office-related matters, please call 843-663-0770.

**Limits of Confidentiality/Duty to Warn:** I adhere firmly to the principle of confidentiality. Both verbal information and written records cannot be shared with another party without the written consent of the client or the client's legal guardian. There are several limits of confidentiality you should be aware of: 1. When you direct me to tell someone else, 2. I determine you are a danger to yourself or others, 3. I am ordered by a court to disclose information, 4. When there are suggested or reported abuses of a child, elderly person, or vulnerable adult. 5. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. 6. Insurance companies and other third-party payers are given information that they request regarding services to clients. Typical information requested (but not limited to these) are types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

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 Liberty Case 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, and Regulation Board of Examiners for Counselors, Therapists, and Psycho-Educational Specialists which regulates all licensed and registered counselors and social workers.

**Video Consent:** At times, I may request your permission to video record our counseling sessions. This may be done for consultation purposes and/or as a useful intervention tool for the counseling process. Sessions will only be recorded with your full consent and knowledge. A separate video consent form will be signed by the client if approval is given to record session/s.