

Professional Disclosure Statement

Bruce A. Lynch

Licensed Professional Counselor, #5687

The Center for Counseling & Wellness, Inc.

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

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Formal Professional Education:

<u>University</u>	<u>Degree Received</u>	<u>Dates Attended</u>
Coastal of Charleston	B.S. Psychology	May 2004
Webster University	M.A in Counseling	December 2011

Areas of Competence:

Personal Growth Counseling; Addiction (s) Counseling; Substance Use Disorders; Relationship & Couples Counseling; Mood Disorders; Anxiety Disorders; Impulse-Control Disorders; Family Counseling; Recovery-Oriented Systems of Care Consultation; Employee Assistance Counseling; Group Counseling; Counseling Consultation & Presentations

Areas of Specialization and Practice:

- Licensed Professional Counselor (LPC)
- National Certified Addiction Counselor (NCAC I)
- Certified Addiction Counselor (CAC II)
- Member – National Association of Alcoholism & Drug Abuse Counselors
- Member- South Carolina Association of Alcoholism & Drug Abuse Counselors

Fee Schedule: \$140 per Clinical Hour/\$180 per Intake Assessment/Sliding Fee Scale (\$65-\$150)

This document is mandated by both 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 Bruce Lynch 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 or by calling them and requesting the appropriate forms and guidance. The following contact information that you may need; SC Department of Labor, Licensing and Regulation, Board of examiners for Licensure of Professional Counselors and Marital and Family therapists, 3600 Forest Drive, Suite 101, Post Office 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.