

Professional Disclosure Statement

Calli McCall, MA, LPCA

The Center for Counseling & Wellness
110 Ye Olde Kings Hwy, North Myrtle Beach, S.C 29582
Office: 843-662-0770 Fax: 843-663-0772

Formal Professional Education and Certifications:

- Bachelor of Science in Biology from Coastal Carolina University 2022
- Master of Arts in Clinical Mental Health from Counseling Webster University 2025
- SC LLR Certified Licensed Professional Counselor Associate (License No. 10854)

Calli McCall is a Licensed Professional Counselor Associate and is qualified to provide professional counseling services under the supervision of Chance Malkasian, MA, LPC, LPCS Candidate and Illyana Annunziato, MA, LPCS, LPC, LAC, LCMHC. Calli works with individuals, couples and families to help them cope with anxiety, depression, marital/relationship issues, life transitions, mood disorders, and other mental, emotional and spiritual issues. She counsels clients of various ages through the Center for Counseling & Wellness North Myrtle Beach and Surfside offices, and virtually via TeleMental Health services.

Fee Schedule: \$165 per Clinical Hour/\$190 per Intake Assessment. Sliding Fee Scale (\$110-\$190)

Cell Phone Policy: The clinician may provide her personal number for emergencies only. By signing this document, the client understands that the clinician's personal cell phone is not a HIPAA compliant device for texting purposes, and the client waives his/her rights to confidentiality if the client contacts the clinician on this platform.

Explanation of Dual Relationships: 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 in order to ensure confidentiality.

Artificial Intelligence (AI): The clinician may use Blueprint AI for documentation purposes. Blueprint's note-taker temporarily records sessions and uses this recording to automatically generate a progress note (a required form of clinical documentation). After a progress note is generated, the recording is automatically deleted from Blueprint's servers and database, and the transcript will be manually deleted by the clinician and deleted from Blueprint's servers and database.

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 parent and/or legal guardian. *If you have any questions regarding these limitations listed, please feel free to ask at any time.

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 Calli McCall under the supervision of Chance Malkasian, MA, LPC, LPCS Candidate and Illyana Annunziato, MA, LPCS, LPC, LAC, LCMHC while a client at The Center for Counseling & Wellness, Inc., it is your right to file a complaint with 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 Therapist; 3600 Forest Drive, Suite 101, Post Office Box 11329, Columbia, SC 29211-1139; Telephone 803-896-4658, Fax 803-734-4284.

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.

Your signature on the intake signature disclosure page indicates that you have read, understood, and a copy of this document has been made available to you at your request.

Signature: _____ Date: _____