

PROFESSIONAL DISCLOSURE STATEMENT

Patricia A. Simons, M.S., LMFT

The Center for Counseling & Wellness

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

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

Formal Professional Education and Certifications:

Master of Science, Marriage and Family Therapy, East Carolina University, Greenville, NC, 1996, Graduated with Honors, Elected member of Phi Kappa Phi Honor Society

Thesis: Training County Social Services Employees in Attention Deficit Hyperactivity Disorder: A Pilot Intervention Model with Onslow County, North Carolina Department of Social Services

BA in Psychology with a double major in Elementary Education, Concentration in Early Childhood Education, St. Xavier University, Chicago, IL, 1975, Dean's List

- License, Marriage & Family Therapy, 8368, South Carolina
- License, Marriage & Family Therapy, 0717001926, Virginia, License, Marriage and Family Therapy, Commonwealth of Virginia Approved Supervisor, Marriage & Family Therapy
- North Carolina, License 742, Marriage and Family Therapy, Washington LF 60623973, Marriage & Family Therapy
- Presented two major training seminars at the 2003 Europe Regional Medical Center Behavioral Science Conference: Grief, Loss and Ambiguity and Depression and ADHD-A Family Perspective

Patricia Simons is qualified to provide professional clinical counseling services. Including assessment, diagnosis, and treatment. Patricia works clinically with children, adolescents, and adults in addition to couples, and families. She treats a variety of mental health and relationship issues including anxiety, depression, substance use disorders and other addictions. Patricia helps clients address marital and family relationships challenges, developmental issues, work and life transitions, chronic pain and chronic health issues, behavioral issues, and other mental and emotional problems. She sees clients between the ages of three and up. Sessions take place in person and/or virtually as appropriate. Virtual sessions, as warranted, will take place via TeleMental Health services.

Fee Schedule: \$165 per Clinical Hour/\$190 per Intake Assessment. Sliding Fee Scale (\$120-\$190). Phone consultations and administration requests are billed at an hourly rate of \$140.00.

Artificial Intelligence (AI): The clinician utilizes Blueprint AI, in part, 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.

Cell Phone Policy: The clinician may provide her personal 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 his/her rights to confidentiality if the client contacts the clinician on this platform.

Cancellation Policy: Please note that a \$100.00 fee will be charged for each occurrence if appointments are not cancelled with at least 24 hours' notice.

South Carolina State Law and Public Law 104-191 mandate this document for your protection. Rights and procedures to file a complaint: If you feel you have been treated in an unethical manner by Patricia Simons 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: _____

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 requires this information.