



Licensed Clinical Mental Health Counselor Disclosure

Stéphanie Gimenez, MA, NCC, LCMHC, LCAS-A

Safe Haven Counseling, PLLC

163 Stratford Court, Suite 225 | Winston-Salem, NC 27103

Office: (336) 396-7834 | **Crisis:** (336) 986-2720 | **Fax:** (336) 217-8708

Stephanie.G@SafeHavenCounselingPLLC.com | www.SafeHavenCounselingPLLC.Com

Qualifications & Licensure

- ✦ My name is Stéphanie Gimenez, and I am a **Nationally Certified Counselor** (NCC#: 885834), **Licensed Clinical Mental Health Counselor** (LCMHC#: 13588) & **Licensed Clinical Addictions Specialists Associate** (LCAS#: 24441) in the State of North Carolina with a **Master of Arts in Counseling** from **Wake Forest University** (August 2017) — one of the most rigorous academic programs accredited by the **Council of Accreditation of Counseling & Related Educational Programs**. Feel free to contact me directly by phone, via email, or in person with any questions or concerns regarding my credentials using the contact information listed above, or to verify this information directly on my licensure boards' websites: **National Board of Certified Counselors** (NBCC): www.nbcc.org/verify | **North Carolina Board of Licensed Clinical Mental Health Counselors** (NCBLCMHC): <https://portal.ncblcmhc.org/verification/search.aspx> | **North Carolina Addictions Specialists Professional Practice Board** (NCASPPB): <https://ncsappb.learningbuilder.com/public/membersearch>
- ✦ As sole proprietor of **Safe Haven Counseling, PLLC**, I provide **mental health, addictions, domestic violence, career, grief counseling & psychotherapy** treatments & services, including crisis intervention, safety planning & referrals, psychoeducation & skill-building, harm reduction & relapse prevention, case management, care coordination, community & legal advocacy, to individuals, couples, families & groups suffering from mental illness (i.e. Adjustment, Posttraumatic Stress & Anxiety, Mood, Obsessive-Compulsive, Psychotic & Personality disorders), substance & process addictions, domestic abuse, suicide and grief & bereavement, as well as to individuals of all ages seeking career advancement, improve overall psychosocial functioning (i.e. cognitive, social & relational, emotional, occupational & behavioral...) **in-office, in-home & remotely** (i.e. online; by phone...).

Areas of Expertise, Specialty & Competency

- ✦ **Domestic Violence (DV) Crisis Intervention, Community & Legal Advocacy & Support Services**, as:
 - 1) **Intake Specialist, Victim Advocate & Case Manager** conducting DV/IPV screening, danger & needs assessment, crisis intervention, safety planning, case management, legal & community advocacy to domestic abuse victims & their families at **Safe On Seven** Forsyth County's Family Justice Center (June 2011-Oct. 2016) located in the Forsyth County's District Attorney's Office & **Family Services, Inc.**
 - 2) **Therapist, Domestic Violence Program Director & Board Chair** developing & running Domestic Violence program & providing individual, couple, family and group, career & grief counseling at **Eliza's Helping Hands, Inc** (Dec. 2015-June 2018).
 - 3) **Owner, Mental Health, Addiction, Career & Grief Counselor, Advocate & Case Manager** at Safe Haven Counseling, PLLC (Sept. 2018- present) providing crisis intervention, advocacy, case management & psychotherapy treatments & services in-office, in-home & remotely.
- ✦ **Mental Health & Substance Abuse Intervention**, as **Practicum Student** providing Person-Centered (PC) counseling, Motivational Interviewing (MI), Screening, Brief Intervention and Referral to Treatment (SBIRT), Harm Reduction & psychoeducation to **Wake Forest Baptist Health Trauma Center's** patients severely injured trauma due to risky substance use, abuse, dependence or addictive behaviors (i.e. medical, physical injuries, dependency, social, occupational/educational & financial impairments...) or with such a history (May-Aug. 2016).
- ✦ **Career Counseling**, as **Mental Health & Addiction Counseling Intern** (Aug.-Oct. 2016) & **Qualified Mental Health Professional (QMHP) & Case Manager** with PQA Healthcare, Inc.'s IPS-Supported Employment program (Aug. 2016-Nov. 2017), as **LPCA** (Nov. 2017- Feb. 2019) & **LCAS-A** (June 2018-Feb. 2019) on the **PQA Healthcare, Inc. Assertive Community Treatment (ACT) Team** providing trauma-informed crisis intervention, intensive Outpatient Therapy (OPT) & Targeted Case Management (TCM), including psychosocial & psychiatric rehabilitation & individual & group DV, MH, SA therapy — Illness Management & Recovery (IMR) & Dual Diagnosis, grief & career counseling, MH & SA therapy to individuals affected by moderate-to-severe & persistent co-occurring MH & SA disorder with a history of psychiatric hospitalizations & other functional problems (i.e. unemployment, homelessness, legal problems & other high-risk situations) as well as.



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Interventions, Treatment Modalities & Counseling Approaches

- ✦ My counseling approach is highly eclectic, as I may select counseling techniques, strategies, interventions, treatment types & modalities from as varied therapeutic approaches as my clients' unique personalities, characteristics, preferences, needs, presenting concerns & circumstances, including, but not limited to:
- ✦ Very transparent & genuine Rogerian **Person-Centered (PC)** &/or other very honest yet kind, humorous, passionate & clinically relevant self-disclosing therapeutic relationship-building approaches;
- ✦ Strength-based **Solution-Focused (SF)** &/or **Motivational Interviewing (MI)** & assessment, as well as **SMART** (Specific; Measurable; Attainable; Realistic & Timely) **goal-setting**;
- ✦ From more or less directive, psychoeducative, concrete or action-based Domestic Violence (DV), Suicide &/or Homicide (SIHI) or substance abuse (SA) assessment, safety planning, crisis intervention, advocacy or treatment, such as **Feminist Therapy (FT)**, **Reality Therapy (RT)**, or **Cognitive Behavioral Therapy (CBT)** (i.e. specific skill-building, role play, modelling, homework...), **Brief Intervention & Referral to Treatment (SBIRT)**, or **Relapse Prevention (RP)**;
- ✦ To more traditional, developmental, personality-based, trauma-informed approaches, such as Adlerian **Personality Typology**, Holland's **Career interest & Personality Matching** model, Freudian **Psychoanalytic** phenomenology or Jungian **Dream Analysis**, Erikson's **Developmental Psychology** or Bowen's **Family-Systems** Therapy;
- ✦ Or more humanistic, constructivist, explorative, motivational, inspirational or holistic approaches, such as CBT **Harm Reduction**, **Narrative Therapy (NT)**, **Existential Therapy (ET)**, **Mindfulness Therapy (MT)**, **Wellness** Counseling or **Dual Processing Grief Therapy**, whether provided individually, in group settings, to couples or families.

Diagnosis

I formally assess for signs & symptoms of disordered mental health, substance use, process addiction, and the extent of psychological distress & impaired functioning, while taking into account environmental factors, developmental patterns & family history, using a comprehensive clinical assessment (CCA) with various embedded assessment tools, as a way to establish causalities, correlations & other types of associations & distinctions across the lifespan so as to best inform & guide my case conceptualization (i.e. nature of presenting concerns; underlying issues; triggering, contributing & protective factors...), treatment planning, modalities, technique, intervention & strategy selections, according to clients' personal characteristics, strengths, needs & preferences, and to best help individuals and their support systems learn about the changes necessary to learn to cope with, manage and recover from their problems, with or without ever reaching a formal diagnosis. However, a formal diagnosis is necessary to convey the nature, severity & prognosis of medically necessary treatments & recovery, which I reach using the DSM-V (American Psychiatric Association, 2014) diagnostic criteria.

In-Office & TeleHealth Services & Rates

- ✦ **Comprehensive Clinical Assessment (CCA)** conducted in-office only, unless special circumstances, or crisis situations: 1) **Individual Outpatient Therapy (OPT)**; 2) **Couple (CPL)**; 3) **Family (FAM) & Group (GRP) Counseling**, including 4) **Domestic Violence Anonymous (DVA)**; 5) **Complicated Grief (CXG)**; 6) **Severe & Persistent Mental Illness (SPMI)**; 7) **Rethinking Your Drinking (RYD)**; & 8) **Process Addictions (PAG) Groups**.
- ✦ **No Assessment** required for **Mutual Support Groups**: 1) **COVID-19 Support Group (eCOV19)**; 2) **Single Parents Group (SPG)**; 3) **Counseling For Counselors (CNS4C) & Professional Helpers** (i.e. Human Services; Medical & Mental Health; First Responders; Shelter staff; Pastors; Small Business Owners & Supervisors; Attorneys & Paralegals; Teachers & TA's...)
- ✦ **Payment Methods:** Visa, MasterCard, Discover, AmEx & HSA via PayPal.
- ✦ **Accepted Insurance Plans:** Blue Cross & Blue Shield (PPO; Indemnity; Blue Advantage; Blue Options; Blue Select; Classic Blue; Blue Care; Blue Local...) & Aetna (NC State Health Plan & commercial plans)
- ✦ **Payment Plans & Discounts:** Available to clients experiencing documented financial hardship.



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- + **Phone, Text, Email & Fax** are used for: 1) Consultation (i.e. Demographic, Financial & Clinical info...); 2) Appointment (i.e. Scheduling, Rescheduling, Confirmations & Cancellations...); 3) Crisis Intervention (Mental Health, Domestic Violence, Addiction...); 4) Phone Counseling (PhC); 5) Case Management (i.e. Follow-Up, Monitoring & Prevention...); & 6) Care Coordination (i.e. Record Requests, Case Consulting, Referrals...).
- + **Please Dial 911** for Medical, Mental Health, Domestic Violence &/or Addiction-Related Emergencies.

| In-Office & TeleHealth Services & Rates | | | | | | |
|---|--|--|---|---|----------|--------------------|
| Office | Comprehensive Clinical Assessment (CCA): \$200.00 | | Online | \$200.00 | By Phone | N/A |
| Office | Individual Counseling (OPT): \$150.00 / hr | | Online | \$125.00/hr | By Phone | \$100.00/hr |
| Office | Couple Counseling (Cpl): \$150.00 / hr | | Online | N/A | By Phone | N/A |
| Office | Family Counseling (Fam): \$150.00 / hr | | Online | N/A | By Phone | N/A |
| Therapy Groups (90 min) (Office Only) | | | | | | |
| Complicated Grief Group (CXG): \$75.00 | | | Trauma & DBT-Informed Group (DBT): \$75.00 | | | |
| NEW! | Rethinking Your Drinking (RYD): \$50.00 | | NEW! | Process Addictions Group (PAG): \$75.00 | | |
| Mutual Support Groups (60 min) | | | | | | |
| Single Parents Group (SPG): \$25.00 | | CNS For Counselors (Cns4C): \$25.00 | | COVID-19 (eCOV-19): FREE | | |
| Domestic Violence Services | | | | | | |
| Crisis Intervention: FREE | | CCA: \$100.00/hr | | Domestic Violence Anonymous (DVA) Group: \$50.00/1.5hr | | |
| Court Advocacy (i.e. Advocacy; Testimony): \$100.00 / hr | | | | Case Management & Advocacy: \$100.00 / hr | | |
| Records Request: \$5.00 / Document | | | | Letters & Forms Request: \$25.00 | | |
| Missed Appointment / Late Cancellation (< 24 hours in advance) Fee: \$75.00 / scheduled hour | | | | | | |

* Missed Appointment Fees may be waived if missed appointment rescheduled within 7 days, or in the event of unforeseeable circumstances.

Confidentiality

- + Your **Protected Health Information (PHI)**, which you share with me via phone, text, email or in person will become part of your confidential records, which **you can access at any time**, and which is **legally and ethically protected** by the Federal and State laws (i.e. HIPAA, 1996), the N.C. General Statutes (i.e. NCGS), the American Counseling Association Code of Ethics (ACA, 2014), the National Board of Certified Counselors (NBCC), North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLMHC) rules & regulations, and by the North Carolina Addictions Specialists Professional Practice Board Ethical Code of Conduct (NCBASPPB, 2013) governing the practice of counseling and rendering **our relationship “privileged,” unless:**
- + You sign a written consent or otherwise direct me verbally or in writing permitting me to share relevant information with a concerned third party.
- + You are at risk of harming yourself or others, plan & intend to harm yourself or others, or already have seriously harmed yourself or others, whether it be a child, elderly or disabled person.
- + I am ordered by a court of law to disclose some of your PHI information relevant to a court proceeding.
- + **Note:** *In any of the situations listed above, my first priority remains to: 1) inform you of the situation, of the scope & mean(s) of the disclosure prior to the disclosure occurring; 2) Discuss with you the greatest possible extent, to which I remain able to preserve the confidentiality of your PHI that may be less relevant to the concern(s) at hand & continue to protect your welfare, best interest & that of your loved ones.*

Your Rights

As Safe Haven Counseling client(s), you &/or your legal guardian have the right to:

- + **Access** any of the Domestic Violence, Mental Health, Addiction, Grief & Career **treatments & services**



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hereby described, as medically necessary, therapeutically appropriate & mutually agreed upon as being in your best interest & that of other concerned parties.

- ✦ **Consent** to & play an active part in all parts of your **treatment planning, decisions, adjustments & discharge; Inspect & amend your clinical records** by providing the information to be amended in writing; & **Request a copy of your records**, in full or in part, for a fee (See above).
- ✦ **Request how to be contacted** by us: Home Work Cell Email Other: _____.
- ✦ Refer to the American Counseling Association **Code of Ethics** at: <http://www.counseling.org/Resources/aca-code-of-ethics.pdf> &/or to the North Carolina Addictions Specialists Professional Practice Board (NCASPPB) **Ethics Rules** at: <https://www.ncsappb.org/wp-content/uploads/2013/02/NCASPPB-ETHICS-RULES.pdf> to **address any issues** or concerns you may encounter **with me directly** in person, via phone or in writing using the contact information listed above.
- ✦ **File an official complaint** with the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) via **Mail:** P.O. Box 77819, Greensboro NC 27417 | By **Phone:** 844-622-3572 or 336-217-6007 | **Fax:** 336-217-9450 | **Email:** <complaints@ncblcmhc.org> &/or by submitting your compliant form with the North Carolina Addictions Specialists Professional Practice Board (NCASPPB) **Online:** <https://www.ncsappb.org/ethical-complaint-form/>
- ✦ **Decline or withdraw** from any & all treatments or services recommended to you at Safe Haven Counseling, PLLC, whether you initially sought such services voluntarily, were ordered to by a court of law, or urged by a guardian or enforcement agency (i.e. Law Enforcement; Child Protective Services...) & to seek similar or different **treatment(s) & service(s) from another service provider** at any time & for any reason.
- ✦ Receive notices of policy &/or procedural changes.

Your Responsibilities *I (&/or my legal guardian) _____ agree to:*

- ✦ _____ Assume the risks &/or benefits associated with my voluntarily decision(s) to consent to, decline or withdraw from any & all treatments & services recommended to me, court-ordered &/or strongly encouraged by my guardian &/or a third-party agency &/or authority.
- ✦ _____ Understand that treatment outcome may be predicted but not guaranteed, as contingent but not limited to: 1) the complexity my presenting concerns; 2) nature & severity of certain intrapersonal &/or environmental factors; & 3) the unavailability of treatment options, resources &/or support.
- ✦ _____ Understand that my therapeutic experience may only be as rewarding as it may be challenging contingent on, but not limited to my active engagement, cooperation, transparency, motivation, readiness & genuine desire to learn, change, grow & self-improve, my open-mindedness, flexibility & willingness to make difficult changes to achieve significant progress.
- ✦ _____ Actively participate in my assessments, treatment planning, treatment decisions, changes & commit to my treatment goals; actively & genuinely engage in session activities & complete my homework to the best of my ability.
- ✦ _____ **Pay:** 1) \$ _____ for _____; 2) \$ _____ for _____; 3) \$ _____ for _____ on the date the service is received, according to my insurance mental health/substance abuse benefits, or otherwise convened as: _____.
- ✦ _____ Attend all scheduled appointments, cancel, or reschedule **at least 24 hours in advance** or pay a **\$75.00 Missed Appointment Fee** within 30 days, or prior to my next scheduled appointment, unless I am able to reschedule my appointment within the same week, or I missed my appointment & was unable to notify my counseling office in a timely manner due to unavoidable circumstances.

Acceptance of Terms *We agree to abide by the terms of this Professional Disclosure Statement.*

Client: _____ **Date:** _____

Clinician: _____ **Date:** _____