

# **Brandon M. Robinson, LCAS, LCMHC, CCS**

5561 McNeely Dr Ste 202

Raleigh, NC 27612

(919) 295-2188

[brandonrobinson907@gmail.com](mailto:brandonrobinson907@gmail.com)

## **Professional Disclosure Statement**

### EDUCATION

**Masters of Science, Rehabilitation Studies and Substance Abuse Counseling (June 2005)**

East Carolina University, Greenville, NC

**Bachelor of Science, Psychology (June 2001)**

Western Michigan University, Kalamazoo, MI

### LICENSURE AND ACCREDITATION

- **Licensed Clinical Mental Health Counselor (LCMHC)**, honored by the North Carolina Board for NC Board of Licensed Clinical Mental Health Counselors (2006 - Lic#5531)
- **Licensed Clinical Addiction Specialist (LCAS)**, honored by the North Carolina Substance Abuse Professional Practice Board (Lic#1540)
- **Certified Clinical Supervisor (CCS)**, honored by the North Carolina Substance Abuse Professional Practice Board (Lic#567)
- **Certified Clinical Interventionist**, honored by the Love First Institute (2021)

### POPULATION AND SERVICES

My education and 20 years of counseling experience have prepared me to counsel individuals, groups, families, and special populations such as substance abuse, mental health needs, persons with disabilities, adults, and adolescents. I offer services that entail: addiction counseling specializing in family interventions, relapse prevention, solution focused and cognitive behavioral techniques, anger management, group based therapy, and family counseling.

### COUNSELING SESSIONS AND PAYMENT

#### *Counseling Relationship*

During the time we work together, we will meet as scheduled for the amount of time allotted in an attempt to address person centered treatment objectives and goals. This can be done in either an individual or group setting. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. By acknowledging this document you understand that I cannot accept invitation to social gatherings, gifts, agree to write references for you, or ask me to relate to you in any other way than in the professional context of the counseling sessions. You will be served appropriately in our sessions exclusively on your goals and concerns.

#### *Client Rights*

Some clients need only a few counseling sessions to achieve their goals, others require months or years of counseling. As a client (or the parent of a client), you are in complete control and may end our counseling relationship at any time, although, I do ask you to participate in a formal "termination" session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might not be helpful.

I accept legal and ethical standards governed by the state of North Carolina. If at any time, for any reason, you are dissatisfied with the services, please let me know. See "formal complaints".

### *Formal Complaints* (as defined by the North Carolina Board of Licensed Clinical Mental Health Counselors)

Formal complaints of a Licensed Professional Counselor's unethical conduct shall bear the complainant's signature, include the complainant's address and telephone number, date and location of the alleged violation(s), a detailed description of the incident(s), and required signed releases. Send the complaint via mail to:

North Carolina Board of  
Licensed Clinical Mental  
Health Counselors  
P.O. Box 77819  
Greensboro, NC 27417  
(336) 217-6007

### *Record and Confidentiality*

Through appropriate and meaningful assessment procedures, I will use diagnoses to help define and describe some of your problems that may exist. All diagnosing information will be supported by the *Diagnostic and Statistical Manual for Mental Health Disorders, Fourth Edition*.

All of our communication becomes part of the clinical record. Records are my property, but you have the right to the information within your record. Most communications are confidential, but the following limitations and exceptions do exist: (a) you provide me with your consent to release information; (b) I have reasonable suspicion that you are a threat to yourself or someone else; (c) you disclose abuse or neglect a minor, elderly, person with a disability; (d) you disclose sexual contact with another mental health professional; (e) I am ordered by the court to disclose information; (f) you involve me in a lawsuit and I need to release specific information in order to receive compensation for services rendered; or (h) I am otherwise required by law to release information. If I see you in public, I will protect your anonymity by acknowledging you only if you approach me first.

### *Fees*

Clinical Assessments (both Mental Health and Substance Abuse) = **\$160.00**.

Individual Sessions = **\$160.00 per hour or agreed upon amount of \$\_\_\_\_\_**

Consultation/Family Therapy = **\$160.00 per hour**

Intervention Prep (Module 1) meeting = **\$500**

Case Management = **\$100.0 per hour**

Blue Cross/Blue Shield accepted = **co-pay TBD**

Clinical Supervision for counselors = **\$175 - \$225 per month**

### *Cancellation Policy*

A one-time no show/no call is allowed. Thereafter, if a cancellation (via phone call, text message, or email) is not made within 24 hours of the scheduled appointment, then \$50 charge will be billed prior to the subsequent counseling session.

Client Signature	Date
Legal Guardian (if applicable)	Date
Brandon Robinson, LCAS, LCMHC, CCS	Date