

LCMHC Professional Disclosure Statement

Alexis Honeycutt, LCMHC, LMHC, NCC
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Qualifications

Alexis Honeycutt received her Master's degree in Counselor Education with emphasis in Marriage Couple and Family Counseling in 2015 from the University of Central Florida. Alexis is a Licensed Mental Health Counselor (LMHC) in Florida #15106, a Nationally Certified Counselor (NCC) #815040 and has obtained licensure in North Carolina as an LCMHC #16769. Alexis has 6 years counseling experience.

Counseling Background

Alexis Honeycutt works primarily with adults and specifically with couples. Alexis also works with individuals who have had traumatic experiences. Alexis uses a psychodynamic, emotion-focused approach to couples counseling. Alexis has training in Gottman method couples therapy and utilizes a couples counseling method based on the research of Dr. John Gottman. Alexis uses a technique called Eye Movement Desensitization and Reprocessing (EMDR) when treating trauma.

Session Fees and Length of Service

Sessions are 50 minutes in length. Each session is billed at \$150.00 per session. Acceptable methods of payment include credit/debit and Health Savings Account (HSA) cards with a Visa or Mastercard logo. Payment is required before or at the time services are rendered and all payments are non-refundable.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition be given and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you. Any diagnosis made will become part of your permanent record.

I do not work directly with any insurance companies or products and any attempt to obtain reimbursement for services must be initiated and completed by the client.

Confidentiality

All of our communication becomes part of the clinical record. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblcmhc.org

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____