

Oak Family Counseling
4525 Hedgemore Drive Suite H
Charlotte, NC 28209
(704)451-5534
oakfamilycounseling@gmail.com

Education:

1997-2001 Denison University- B.A. in Psychology, B.A. in Religion

2001-2003 University of North Dakota- M.A. in Counseling

Licenses:

Licensed Professional Counselor-Supervisor (NC) S7549

National Certified Counselor 258137

Upon graduating in 2003, I have been working for several community agencies providing services such as Intensive In-Home Counseling, Clinical Case Management, Office-Based Individual, Family, and Couples Counseling, and Psychiatric Residential Facility Counseling. I have eleven years of experience in working with children, adolescents, and adults in the field of mental health counseling. I work with the client(s) to identify tools to empower them to make their own changes in order to return to an effective level of functioning or a place of healing. I have experience working with grief and loss, depression, anxiety, trauma, anger management, impulse control, and adjustment/relational issues. My theoretical background is rooted in Cognitive Behavioral theory, working to reframe negative thought patterns and schemas. I also have extensive training in Strength-based Solution Focused Therapy, Art Therapy, Play Therapy, DBT, Trauma-Focused CBT, and Family Systems Theory. In order to accurately provide treatment to clients, I will conduct an initial assessment during the first session. Once the assessment is completed, I will provide a clinical diagnosis that will be used for treatment planning purposes, as well as to show necessity for services to insurance providers. The diagnosis will become part of your record in order to provide the best possible service to you as the consumer.

Session Fees:

Out of Pocket- You may choose to pay out of pocket if you prefer not to involve the insurance company in your treatment. The initial assessment you will be charged \$150.00. Individual sessions you will be charged \$100.00, and family sessions you will be charged \$125.00. Full payment must be received by the end of the session, and payment must be in the form of cash, credit card, or personal check. You will be charged an additional \$30.00 if your check is returned to me. If there is a reason you cannot pay, please make sure to contact me ahead of time to work out a payment contract.

Insurance- I currently accept BCBS, AETNA, CBHA (Medcost), CIGNA, and Medicaid. You are responsible for verifying eligibility and benefits prior to your initial session by contacting your insurance company directly. If you have not verified eligibility and benefits, I will charge you the out of pocket cost and then reimburse you once you have provided me with your eligibility and benefits information. I will make a copy of your insurance card during our initial session. Your co-pay or deductible amount will be due at the end of each session. In case of the insurance company denying a claim, you will then become the responsible party for payment of that session(s). I ask that you notify me immediately if your insurance plan or company changes, which also may result in a denied claim, ultimately leading you to be responsible for payment of that session(s). Payment must be in the form of cash, credit card, or personal check. You will be charged an additional \$30.00 if your check is returned to me. If there is a reason you cannot pay at the session, please make sure to contact me ahead of time to work out a payment contract.

Sliding Scale Fee- If you are financially unable to afford the set rate, do not have insurance at this time, and have been denied Medicaid funding, I am willing to develop a sliding scale fee for services. At initial phone contact, we will discuss what the set fee will be for your assessment and ongoing sessions. This will be due at each session and payment must be in the form of cash, credit card, or personal check. You will be charged an additional \$30.00 if your check is returned to me. If there is a reason you cannot pay at the session, please make sure to contact me ahead of time to work out a payment contract.

Cancellation of Services:

You must contact me 24 hours in advance in order to cancel a session. If you do not, you will be charged full out of pocket cost for that session. For Medicaid patients, you will not be charged for missed/cancelled appointments; however, you may lose that time slot for future sessions. If you cancel or no show for more than three sessions, I will speak with you about whether this is an appropriate time and/ or place for therapeutic services, while assisting you with the referral process.

Emergency:

If you are experiencing a mental health emergency, Diana Levitt is available 24/7 via the phone at (704)451-5534. I will assess for risk concerns, and then assist you to ensure your/other's safety, including hospitalization if necessary. Upon your second session, we will create a crisis plan to ensure safety procedures.

Confidentiality:

In order to ensure client's privacy, I am required by law to protect what is said while in therapy sessions. I will uphold your privacy in order to develop a strong therapeutic relationship and progress through treatment. However, there are several incidences in which I would have to breach confidentiality.

If client is to disclose intent on hurting themselves.

If client is to disclose intent of hurting others.

If client is to disclose abuse of any kind towards a child, an elder, or a person with disabilities. If I, as the therapist, would have my records subpoenaed by the court of law.

Filing a Complaint:

If you wish to file a complaint, you may do so by placing that complaint in writing and sending it to the NCBLPC. According to the American Counseling Association's Ethical Guidelines, you should attempt to resolve your complaint with therapist directly. If this is not successful, you may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit along with a completed NCBLPC Complaint Form to the board, which can be found online at www.ncblpc.org. The board will assign your complaint a number so no names will be known to anyone but the board attorney, administrator, and ethics chair. Once the complaint has been received, notification is sent to the therapist against which the complaint was filed allowing her to respond to the alleged charges. If necessary, the board will investigate the complaint and issue a ruling after gathering all necessary information. Investigations will not be made unless complaints are in writing and signed by the complainant. Please send complaints to:

North Carolina Board of Licensed Professional Counselors Attn: Ethics Board
PO Box 77819 Greensboro, NC 27417 1(844) 622-3572

For Medicaid patients, you may also contact:
Disability Rights NC 2626 Glenwood Avenue Suite 550 Raleigh, NC 27608

Client Signature Date

Parent/Guardian's Signature Date

Therapist Signature Date