

**Professional Disclosure Statement Teresa (Tess) Lineback**

M.Ed., NC State University, 1989  
National Certified Counselor (NCC) #26597, 1991  
N.C. Licensed Practicing Counselor (LPC) #608, 1992  
Certified Employee Assistance Professional, December 1997  
Licensed Employee Assistance Professional, May 1998

Clientele served: adult, couples, and families. Individual and couple therapy are offered in office, as needed. EAP (Employee Assistance Professional) consultation available. Therapist coordinates with any present professionals involved with the family members. Also served are individuals and couple concerned with relationships with co-workers, spouses, or significant others. Individual therapy offered for physically, emotionally, and/or sexually abused persons.

An eclectic approach encompassing many theories is utilized. Techniques are borrowed from solution focused, cognitive-behavioral, Rogers, multimodal, rational-emotive, Gestalt, transactional analysis, Gottman and family system theories.

Confidentiality is observed with the following exceptions: when there is a potential of the client harming him/herself or another person and/or when a child or elderly person may be, or has been, abused or neglected. A judge may order a professional counselor to release information.

Professional personal ethics require that a relationship between client and therapist remain on a professional level and not a social one. Therapist does not respond to social media requests. Emails are to be restricted to appointment requests; there will be no response to other email information. The therapist will accept or follow the client's lead if the client and the therapist encounter each other outside sessions.

Individual office sessions are \$125.00 for 50 minutes. Insurance will be handled individually with assistance, if needed. The terms of the EAP or insurance contracts will be followed. Clients are expected to pay the copay or unmet deductible at the time of service. Personal checks, credit cards, or cash are accepted for services.

If a client feels that he or she has not been treated fairly in therapy regarding fees, services, responsibilities, or confidentiality, the client may contact the therapist at (919) 786-3142 and/or the North Carolina Board of Licensed Professional Counselors, PO Box 77819, Greensboro, North Carolina 27417. Telephone: 336-217-6007 Fax: 336-217-9450

If there are any questions regarding this disclosure statement, please feel free to ask the therapist. Please sign and date both copies of this form. One copy will be returned to the client and the other will be retained in a confidential file.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature