



Professional Disclosure Statement

Christian Beheler, Licensed Clinical Social Worker
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Thank you for considering me as your counseling provider. I'm excited to start working with you at Redfish Counseling (RFC). Below, you will find an outline of my training, information about my counseling work and session structure, and other important details.

Background & Qualifications

I am a Licensed Clinical Social Worker. My license number is C015940. This license means that my work meets state and national standards of clinical effectiveness and adherence to ethical commitment. I graduated from the University of North Carolina at Pembroke in 2017 and 2019 with my bachelor's and master's degrees in social work. I received my LCSW license in 2019. I have been in private practice since 2019.

Counseling Approaches

In my clinical work, I rely on Cognitive Behavioral Therapy, Person Centered Therapy, Psychodynamic therapy, Gottman therapy, and other approaches.

Session Fees & Length, and Insurance

Out-of-pocket fee rates for services are set by RFC. These rates can be viewed on the RFC website, and in your Client Portal in the "Standard Fee Schedule" form. If you are in need of an additional copy of this information, please do not hesitate to request one from myself or another RFC team member. I am an in-network provider with most plans through Aetna, Blue Cross Blue Shield, Medcost, and Carolina Behavioral Health Alliance. If my services are out-of-network for your insurance plan, your insurance may still cover some portion of service costs. Payment for services will be discussed prior to and at your initial session. RFC accepts cash, credit or debit cards, HSA and FSA debit cards, and checks.

Typically, a first session for a new client lasts 60 minutes. Standard individual and family sessions are 55-60 minutes long. Group session lengths may vary based on group structure. Sessions may have additional time added to them in advance (up to a total of 120 minutes).

Any outside services I provide may have related fees applied to them, per RFC policy. For example, while attending or testifying in Court is not a goal of counseling, fees for this service will be charged if court attendance or testifying is required.

I do not provide the following services:

- DWI assessments
- Custody evaluations
- I reserve the right to deny the provision of additional outside services based on clinical and professional discretion

Client Records and Confidentiality

After our first session, your RFC client record will be created. If you choose to utilize your insurance to cover service costs, this client record may include a diagnosis (which we will discuss). Most insurance companies require a diagnosis of a mental health or substance abuse condition before they will pay for any services.

RFC follows Federal Confidentiality requirements as outlined by HIPAA.

Confidentiality of your participation in therapy and the content of therapy sessions may be waived in the following situations:

- you or your legal guardian directs me in writing to disclose information to someone else;
- I or other RFC staff determine that you may face imminent risk of harm to self or others;
- there is indication of child or elder abuse; or
- I am directed by court order to disclose information specific to the court order.

In addition to the above methods for maintaining your confidentiality, clients are strictly prohibited from recording any audio or video of in-person or telehealth ("online counseling") sessions whatsoever.

Outside Relationships & Electronic Communication

Ethical and legal codes restrict me from engaging in any form of relationship with clients other than professional (including personal social media connections). This protects your personal rights and privacy. Our time together will be most valuable if viewed as a working relationship. If we happen to see each other outside of counseling, I will not acknowledge or approach you. This is to protect your confidentiality and privacy. You may approach and interact with me in public if you feel comfortable doing so. I will not discuss clinically-related information with you in public, and may choose not to introduce you to others I am spending time with in that instance - this also protects your privacy and helps ensure counseling work stays effective in session.

The use of electronic communication may be needed or preferred in some instances. These methods include phone (voice and text), email correspondence, and telehealth sessions. Although these forms of communication are very efficient, I cannot ensure that all electronic communications are entirely secure, and am not liable for potential breaches of privacy that may result from your use of any digital or electronic correspondence. The RFC Practice Policies outline RFC practices regarding electronic communication in more detail.

I do not provide after hours or emergency contact support through RFC. RFC provides clients with a list of emergency resources in the client portal, upon request, and on the RFC website at the bottom of the "FAQ" page. I recommend that you become familiar with these resources in the event of a situation where urgent assistance is needed.

Complaint Procedure

In the event that any part of our work together creates a cause for concern or complaint, please inform me immediately. I try to address any concern that clients voice as quickly and effectively as I possibly can. You may discontinue sessions with me at any time or request a referral, which I will be happy to assist you with. If you believe that I am in violation of the current ACA code of ethics at any point (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>), you may:

Contact RFC to discuss your concerns:

Redfish Counseling
1022 W 1st St, Ste #203
Winston-Salem, NC, 27101
Email: office@redfishcounseling.com
Phone: 336.914.3038

- OR -

File a complaint with the organization below:

North Carolina Social Work Certification & Licensure Board
P.O. Box 1043, Asheboro, NC 27204
Phone: 336-625-1679
Complaints: <https://ncswboard.gov/complaint-form/>

Acceptance of Terms

I, _____ agree to the terms of this Disclosure Statement and to abide by these guidelines.
(print name)

Client Signature _____ Date _____

Parent/Guardian Signature (if client under 18) _____ Date _____