

**Professional Disclosure Statement**  
Bre Curtin, MS, NCC, LPC  
Office: 770-815-6853 Fax: 678-855-8953

**Qualifications**

- Everglades University, BS in Alternative Medicine 2018
- East Carolina University, Masters in Clinical Mental Health 2023
- State of Georgia, Licensed Professional Counselor (License #LPC016129)

**Counseling Background**

- Spring 2022 practicum at Atlanta Specialized Care; Individual counseling and co-leader of group therapy for teens and adults with autism
- Fall 2023 and Spring 2023 internship at Atlanta Specialized Care
- Population served: Children, Adolescents, and Adults
- Description of services offered: Individual and group therapy is my preferred modality.
- I utilize a person-centered approach, combining DBT, expressive arts therapy, and CBT elements.
- Description of areas of competence: My professional competence spans such issues as anxiety, depression, relationship concerns, executive functioning issues, ADHD, and Autism Spectrum Disorder.

**Session Fees and Length of Service**

- Sessions are 45-50 minutes long.
- Sessions cost \$180.95, with a cash or check discount rate of \$175.
- Cash, check, and credit cards accepted.

**Confidentiality**

- All of our communication becomes part of the clinical record, accessible to you upon request. 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. I am a mandated reporter of abuse in the state of Georgia.

**Social Media/Internet Policy**

- I do not accept invitations from clients to personally network on social media sites. This is a common practice in my field and this policy helps to protect your privacy. If you have questions or concerns about this, please let me know.

- It is my policy not to conduct Internet searches on my clients. I rely exclusively on the information clients have provided to me directly in our counseling work. However, in matters that could involve significant safety issues (both mental and physical), I reserve the right to use this source of public information.

**“No Surprises” The Consolidated Appropriations Act of 2021/“Good Faith Estimate”  
Session Fees/Explanations and Length of Service**

*For more information regarding your rights regarding the “No Surprises”/The Consolidated Appropriations Act of 2021:*

<https://www.cms.gov/files/document/model-disclosure-noticepatient-protections-against-surprise-billing-providers-facilities-health.pdf>

- This Good Faith Estimate lists my rates for each provided therapeutic service. You ultimately determine how many sessions and which services you receive. You have a choice of mental health providers and may choose to terminate our relationship at any time. By signing this agreement, you agree to pay the fees listed below in full for all services rendered. If fees are not processed as discussed, see the above website for directions to file complaints or the licensure agencies listed at the bottom of this form.

- Cash, check, HSA, credit, and debit cards accepted. \*Courtesy discount for cash/check payments.

Fees, Codes, Descriptions:

90791 (45-minute initial intake) \$180.95 (\*175.00)

90834 (45-minute individual session) \$180.95 (\*175.00)

90846 (45-minute family/no patient) \$180.95 (\*175.00)

90847 (45-minute family/patient) \$180.95 (\*175.00)

9942/3 (Telephone calls >10 min) \$4.02 per min (\$3.89 cash/check)

90889 (Report writing/letters/insur. forms) \$4.02 per min (\$3.89 cash/check)

Cancellation (Full fees apply according to signed agreements)

**Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require a diagnosis of a mental health condition 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 of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Complaints**

Although clients are encouraged to discuss any concerns with me, you may contact my supervisor, Tatiana Matthews, LPC, CRC, or file a complaint against me with the organization below should you feel I am in violation of the standards of the American Counseling.

Association’s (ACA) Code of Ethics

(<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>)

Georgia Secretary of State

<http://www.sos.ga.gov/plb/>

237 Coliseum Drive Macon, GA 31217-3858

(478) 207-2440

### **Acceptance of Terms**

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

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_