

Professional Disclosure Statement
Natalie Stadnick-Uhl, M.Div, LPC, CRC
Office: 770-815-6853 Fax: 678-855-8953

Locations:

- Alpharetta Office: 6782 Jamestown Dr., Alpharetta, GA 30005
- Dunwoody Office: 1730 Mt. Vernon Rd., Suite G, Dunwoody, GA 30338

Qualifications

- Duke University, Master of Divinity
- Mercer University, Master of Rehabilitation Counseling
- State of Georgia, Licensed Professional Counselor (License #LPC014253)
- Certified Rehabilitation Counselor

Counseling Background:

- Population served: Children, Adolescents and Adults
- Description of services offered: Individual and group therapy is my preferred modality. Interventions are tailored to individual clients and have a basis in Cognitive Behavioral Therapy (CBT), Choice Theory, Internal Family Systems (IFS), Experiential Dynamic Psychotherapies and Emotionally Focused Therapy (EFT).
- Description of areas of competence: My professional competence spans such issues as anxiety, depression, trauma, relationship concerns, the experience of disability or medical complexity, caregiver concerns, executive functioning issues, ADHD and Autism Spectrum Disorders.

Session Fees and Length of Service:

“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) \$232.31 *(\$225 cash or check)
90791 (Rapid Access Assessment) \$774.39 (*750.00 Cash or Check)
90834 (45-minute individual session) \$232.31 *(\$225 cash or check)
90846 (45-minute family/no patient) \$232.31 *(\$225 cash or check)
90847 (45-minute family/patient) \$ \$232.31 *(\$225 cash or check)
9942/3 (Telephone calls >10 min) \$5.16 per min (\$5.00 cash or card)
90889 (Report writing/letters/insurance forms) \$5.16 per min (\$5.00 cash or card)

Cancellation (Full fees apply according to signed agreements)

Confidentiality:

All of our communication becomes part of the clinical record, which is 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.

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:

As an Associate Professional Counselor (APC), I am under clinical supervision as required by the licensing board to ensure ethical and competent practice. Although, clients are encouraged to discuss any concerns with me, you may contact my clinical supervisor, Melissa Coats (LPC), clinical director Tatiana Matthews (LPC, CRC), or file a complaint against me with the organization below should you feel I am in violation of the standard of the American Counseling Association.

(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

North Carolina Board of Licensed Professional Counselors
PO Box 1369
Garner, NC 27529
Phone: 919.661.0820
Fax: 919.779.5642
E-mail: ncblpc@mgmt4u.com

Acceptance of Terms

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

Client: _____ Date: _____
Counselor: _____ Date: _____