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**Client Disclosure Statement**  
**Joseph B. Alexander, M.A., MDiv., L-MFT**

Thank you for the opportunity to serve as your counselor. This information is designed to inform you about my education and professional background, and to ensure you understand our professional relationship.

**EDUCATION AND CREDENTIALS**

I received a Master of Arts in Marriage and Family Therapy from Appalachian State University in 2002 and received a Master of Divinity from in Pastoral Care and Counseling from Southern Baptist Theological Seminary in Louisville, KY in 1993.

In 1994-1995 received my Clinical Pastoral Education in a residency at UNC Hospitals in Chapel Hill, NC.

I was licensed as a Marriage and Family Therapist in July 2007. NC L-MFT #1184

I am also a Board Certified Chaplain (BCC--Retired Status) with the Association of Professional Chaplains and have worked as a Hospital and nursing home chaplain as well as a counselor for staff in a hospital setting.

**COUNSELING SERVICES OFFERED/THEORETICAL APPROACHES**

I provide counseling to individuals, couples, families and groups. I serve people who are experiencing a variety of problems and disorders. My services include counseling individuals who are experiencing anxiety, depression, and grief related to an assortment of circumstances. I work with people who are in the midst of crises as well as those who struggle with chronic concerns. I help couples who are experiencing dissatisfaction and conflict in their relationships. I also work with families who are seeking to make their home life more healthy and nurturing. I consider myself a pastoral counselor, equipped to integrate spiritual values and beliefs into my counseling as well as a Marriage and Family Therapist.

My theoretical orientation in counseling can be described as an "integrative approach." Several aspects and influences inform my therapeutic perspective and stance. One major influence was from Dr. Wayne Oates, a seminary professor, who was an important guide in bridging the theological and psychological aspects of pastoral counseling field. Other influences that I have gravitated to are from the family systems theory of Murray Bowen, object relations perspective of James Framo, emphasis on change of Virginia Satir, and Carl Whitaker's emphasis of being in the moment with clients and bringing in the whole family if needed. All of these approaches are integrated into my approach to therapy. Along with these influences, I also like some aspects of "brief" and "narrative" family therapy approaches. I particularly like the aspects of building on what is going well in life and therapy and using that to envision where we hope we will be when we feel like we don't need therapy anymore. This gives us a goal and a benchmark of a possible endpoint to therapy.

With each client, the particular theory/theories utilized will depend on the needs and interests of the client. However, I have found that it is not any particular theory that provides change, but rather the active

involvement of the client, both in and out of the counseling sessions. It is also important to acknowledge that counseling is a process; there are no instant, painless, or passive cures and do I have any magic pills or wands to instantly fix problems. Most likely, you will have to work on relationships and make long-term efforts personally to achieve positive outcomes.

If we are to work together, we will need to specify goals, foci, and methods, risks and benefits of treatments, the approximate time commitment involved, cost and other aspects of your particular situation. Before going further, I expect us to agree on a plan to which we will both adhere. Periodically, we will evaluate our progress and, if necessary, redesign our treatment plan, goals and methods.

As with any successful intervention, there are both benefits and risks associated with counseling. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may seem to lead to worsening circumstances in the short run, but over time, with consistent responses, improvement should be experienced.

## **CONFIDENTIALITY**

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversation, and my records, are a privilege of yours and is protected by state law and my profession's ethical principles, in all but a few circumstances.

- a. A signed release of information from the client;
- b. Direct information regarding the abuse of children, elders, or other dependent individuals is disclosed to the counselor;
- c. A court order or subpoena requires the release of case records or direct testimony of the counselor;
- d. Clients either disclose directly or are suspected to pose an imminent danger to the health and safety of themselves or others;
- e. Clinical supervision or administration matters

## **EXPLANATION OF DUAL RELATIONSHIP**

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you arrange with me. Because of my desire to respect your privacy, I will not speak to you in public, unless you speak first. In addition, I ask that you not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions.

## **LENGTH OF SESSIONS**

My services will be conducted in a professional manner consistent with ethical standards. Sessions will be approximately 45-50 minutes in duration. Sessions will be scheduled by mutual agreement. I ask that you be on time for appointments. If you are unable to keep an appointment, please call my office to cancel (or cancel through [www.TherapyAppointment.com](http://www.TherapyAppointment.com)) reschedule at least 24 hours in advance. If I do not receive advance notice, you are responsible for paying a no-show fee **\$55 or up to the full fee of \$110** for the session that you missed. This fee will be expected to be paid before more appointments are to be

made. Please be respectful of my time and very direct with communicating about the need to cancel...I have reserved this spot in the schedule for only you, so please alert me as soon as possible!

## **FEES/METHODS OF PAYMENT**

In return for a fee of \$140 for the initial session and \$110 for each subsequent session, I agree to provide counseling service to you. I would prefer that you pay at the conclusion of each session. Cash, check, or credit/debit card is acceptable forms of payment. After each session, you will receive a receipt (printed or emailed) for the payment from the Footprints Counseling, PLLC for your records.

## **BILLING/INSURANCE REIMBURSEMENT**

If you wish to seek reimbursement for my services from your health insurance company, I will complete any reasonable forms related to your reimbursement provided by you or your insurance company. You will expect to pay copayments and/or deductibles at the time of the visit.

Footprints Counseling, PLLC uses [www.TherapyAppointment.com](http://www.TherapyAppointment.com), which is a digital record keeping EMR program and will file claims for third party reimbursement through [www.OfficeAlly.com](http://www.OfficeAlly.com). The claims will be filed digitally and reimbursed within weeks. Most insurance companies will reimburse clients for my counseling services and some will not (ex. Medicare at the moment). It is your responsibility to determine whether your insurance company will reimburse you and to what extent you will be reimbursed. However, please remember that you are ultimately responsible and not your insurance company for paying the fees agreed upon.

## **GRIEVANCE PROCEDURE**

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically by me, and cannot resolve this problem with me, you may contact:

NC Marriage & Family Licensure Board (NCMFTLB)  
PO Box 37669  
Raleigh, NC 27627  
Phone: 919-772-6600  
Fax: 919-772-6007  
Email: [ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com)

After reading the above information about your rights and responsibilities as a client, please sign below acknowledging your understanding of this information.

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Signature of Client/Parent/Guardian

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Date

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Signature of Counselor

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Date