**THE CENTER**

For Counseling & Wellness

Professional Disclosure Statement

*Calli McCall, BS Biology, Student Masters Intern*

Office: 843-662-0770 Fax: 843-663-0772

**FORMAL PROFESSIONAL EDUCATION:**  
Bachelor of Science in Biology from Coastal Carolina University 2022

In Process: Masters of Clinical Mental Health Counseling Webster University Projected Graduation Date December 2025

**QUALIFICATIONS:** Calli McCall is a student counselor enrolled in Webster University’s Clinical Mental Health Counseling graduate program and is qualified to provide professional counseling services under the supervision of Amy Wendelowski, MA, LPC. She works with individuals, couples and families to help them cope with anxiety, depression, marital/relationship issues, life transitions, mood disorders, and other mental, emotional and spiritual issues. She counsels clients of various ages through the Center for Counseling & Wellness offices and associated sites.

**FEE SCHEDULE**: Sliding Fee Scale ($15-$140)

**CELL PHONE POLICY:** The clinician may provide her personal number for emergencies only. By signing this document, the client understands that the clinicians personal cell phone is not a HIPAA compliant device for texting purposes, and the client waives his/her rights to confidentiality if the client contacts the clinician on this platform.

**EXPLANATION OF DUAL RELATIONSHIPS**: Although our sessions may be intimate emotionally and psychologically, it is important to remember that our relationship is a professional one rather than a social one. Therefore, our contact is limited to your sessions. If we happen to encounter one another outside of our sessions, I will not approach you in order to ensure confidentiality.

**CONFIDENTIALITY:** Conversations and concerns that are discussed during our sessions will legally and ethically be held confidential. However, there are situations in which I cannot legally or ethically hold the information confidential, such as: (1) If you disclose or it is reasonably suspected that you will pose imminent danger to the health and safety of yourself or others; (2) If at any time you disclose that a child, disabled person, or elder adult has been or will be abused or neglected; (3) In the event that a court order requires the release of case records or direct testimony; (4) If you request that your records be released, and sign a release of information form; (5) If you are a minor, your confidentiality is constrained by the request of your parent and/or legal guardian. \*If you have any questions regarding these limitations listed, please feel free to ask at any time.

This document is mandated by South Carolina State law and Public Law 104-191 for your protection. Rights and procedures to file a complaint: If you feel you have been treated in an unethical manner by Calli McCall under the supervision of Amy Wendelowski, MA, LPC, while a client at The Center for Counseling & Wellness, Inc., it is your right to file a complaint with the Board of Examiners or by calling them and requesting the appropriate forms and guidance. The following contact information that you may need: SC Department of Labor, Licensing, and Regulation, Board of Examiners for Licensure of Professional Counselors and Marital and Family Therapist; 3600 Forest Drive, Suite l0l, Post Office Box I I329, Columbia, SC 2921 1-l 139; Telephone 803-896-4658, Fax 803-734-4284.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is required by the state of South Carolina Department of Labor, Licensing, and Regulation Board of Examiners for Counselors, Therapists, and Psycho-Educational Specialists which regulates all licensed and registered counselors and social workers.

Your signature on the intake signature disclosure page indicates that you have read, understood, and a copy of this document has been made available to you at your request.