

Professional Disclosure Statement

Jonathan A. Bennett, Jr., MA, LPC-A

Licensed Professional Counselor Associate; License #6918

The Center for Counseling and Wellness, Inc.

110 Ye Olde Kings Highway, North Myrtle Beach, SC 29582

843-662-0770; 843-663-0772 (fax)

FORMAL PROFESSIONAL EDUCATION:

<u>Degree Received</u>	<u>University</u>	<u>Dates Attended</u>
• B.S. Public Health	Coastal Carolina University	2006-2012
• M.A. Counseling	Webster University	2013-2018

QUALIFICATIONS: Currently pursuing licensure as a Professional Counselor-Associate (LPC-A) in the state of South Carolina.

AREAS OF COMPETENCE: Jonathan A. Bennett, Jr. is qualified to provide professional counseling services under the supervision of Roberta Bogle, MS, LPC-S, CCMHC and Bruce Lynch, MA, LPC-S, NCAC-I, CAC II. He works with individuals, couples, and families to help them cope with anxiety, depression, marital/relationship issues, life transitions, career development, mood disorders, chemical dependency and addictions, trauma, and other mental, emotional and spiritual issues. He counsels those ages 5 and older.

CONFIDENTIALITY: As your counselor I will honor all confidentiality and regulations as set forth by South Carolina HIPPA laws, the South Carolina General Assembly and the American Psychological Association's Code of Ethics. All information you share with me concerning others, yourself, including records I may keep, will be kept confidential and will not be shared with others. However, there are several important exceptions that pertain to the release of confidential information. You and I are required to break confidentiality under the following conditions:

- Any threats to harm self or others
- Reasonable suspicion of the abuse of a child, elder, or an incapacitated person
- When ordered by the court
- In defense against a legal action or formal complaint made before a court or regulatory board

Although I may discuss your case while consulting with a counseling supervisor, to ensure confidentiality your name and identifying information will not be disclosed. Calls/texts made to my cell phone are not bound by the confidentiality clause, as my cell phone is used for a variety of services and is therefore vulnerable to hacking.

FEE SCHEDULE: \$140 per Clinical Hour/\$180 per Intake Assessment/Sliding Fee Scale (\$40-\$140). If asked to provide other services such as report writing, preparations of records, treatment summaries, telephone conversations lasting longer than 10 minutes, normal fees will be billed per hour. Payment is made at the time of services rendered. Cancellations must be made at least 24hours in advance of scheduled appointment; otherwise the client is charged a \$25 cancellation fee. Cash, checks, and all major credit cards are accepted.

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 Jonathan Bennett 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 101, Post Office Box 11329, Columbia, SC 29211-1139; Telephone 803-896-4658, Fax 803-734-4284.

Your signature on the attached signature page indicates that you have read, understood, and consented to counseling services as outlined. A copy of this document will be made available to you at your request.

THIS INFORMATION IS REQUIRED BY THE STATE OF SOUTH CAROLINA DEPARTMENT OF LABOR LICENSING & REGULATION BOARD OF EXAMINERS FOR COUNSELORS, THERAPIST AND PSYCHO-EDUCATIONAL SPECIALIST WHICH REGULATES ALL LICENSED AND REGISTERED COUNSELORS AND SOCIAL WORKERS.