

**Julie L. Martin, MA, LCMHC, CSAT**  
**NC License #7331**

**Counselor's Disclosure Statement/Client's Informed Consent**

*As a way of introducing myself to clients I have prepared this summary of my background and counseling perspective as well as certain policies of this counseling center. This information is necessary for you to make informed decisions concerning your counseling needs. Please read this document carefully and feel free to ask me any questions about it.*

**Qualifications/Experience**

I earned my Masters of Arts in Christian Counseling from Gordon-Conwell Theological Seminary on January 12, 2007, and I was licensed as a Licensed Clinical Mental Health Counselor in the state of NC on March 6, 2009. My 22 years of counseling experience includes case management for the AIDS Outreach Center in Fort Worth, Texas, Pregnancy/Adoption counseling at Bethany Christian Services in Cheyenne, Wyoming, and acute-care work as an Inpatient Psychotherapist at Atrium Health in Charlotte. In addition, I provided crisis assessment via Telepsychiatry to 22 area hospital Emergency Departments within the Atrium system.

Group therapy experiences include addiction, grief/loss, and family of origin issues. I spent 6 years on staff at a large church in North Charlotte serving as Director of Community Care where I supervised all support groups, crisis counseling issues, and premarital counseling/classes. Concurrently, I was a therapist at Agape Christian Counseling working with individuals and couples on a variety of issues for 4 years before starting my own private practice in 2009.

In addition, I have received personal training by noted psychologists and authors, Drs. Henry Cloud and John Townsend, being one of 20 counselors nationwide to participate in Dr. Townsend's Counselor Training Program (2012-2015). Most recently I finished a 2 year program and earned an additional certification as a CSAT, Certified Sexual Addiction Therapist, which allows me to treat sex, love, and pornography addiction. I am also trained in the use of EMDR (Eye Movement Desensitization and Reprocessing) and use this regularly for the treatment of trauma-related issues.

**Theoretical and Practical Approach or Nature of Counseling**

The counseling process is a collaborative effort between client and therapist. It requires active participation in order to change your thoughts, feelings, and behaviors. You will need to work both in the sessions and outside the sessions we have together.

Improvement comes from the effort you put forth understanding that there are no instant, passive, or painless cures. At times I may give you homework assignments such as exercises, writing, and other projects to do outside the sessions. Change generally comes slowly, requiring your commitment to work through the process; however, it can come quickly as you gain a new perspective.

I use an eclectic approach with clients and I accept those who I believe have the capacity to resolve their own problems with my assistance. Various psychotherapies, including Cognitive-Behavioral, Emotionally Focused, EMDR and Psychoanalytic will be used with clients based on what seems most helpful at the given time. My graduate training involved a heavy emphasis on the soul and spirit which I believe cannot be ignored if lasting change is to occur.

My speciality is in the area of Christian counseling as well as the treatment of Sex, Love, and Porn Addictions. Some people are confused about what Christian counseling entails and this may be a hindrance to seeking help, so allow me to define what I mean by Christian counseling. Everyone sees the world through a certain lens which colors everything they believe, think, and do. My lens is from the belief that God's love for people is beyond comprehension, and that He is the ultimate source of truth. If He is the source of all truth, and He created us, that belief informs how I view people and the issues they struggle with. A therapeutic relationship involves accepting people where they are, honoring their pain, and listening to their journey.

### **Counseling Sessions**

Sessions are normally 55 minutes in duration unless we agree to have an extended session. If you are unable to keep your appointment, please call to cancel or reschedule at least 24 hours in advance. The policy of this office is that if a cancellation occurs in less than 24 hours, payment in full is expected for the missed appointment.

### **Counseling Fees**

The counseling fee is \$175 for the initial assessment and \$150 per session thereafter. Counseling fees may be paid in the form of cash, check, or credit card and are collected at the beginning of each session. Checks should be made payable to "Kairos Coaching & Counseling". If you wish to use insurance I am in-network for Cigna (Evernorth), United Healthcare and BCBS. As an added service to you, we are equipped to submit claims on your behalf. If I am out of network for your insurance company, we are still able to file your insurance but please be aware that using an out of network provider will require you to be responsible for the full cost of the session at the time of your visit. Also, please be advised that insurance companies require a mental health diagnosis in order to process your claim. You should be aware that this diagnosis then becomes part of your permanent health history. Balances that are not paid in full past 90 days will automatically be given over to Collections so please keep your account current.

### **Client Records**

I regard the information you share in the privacy of the counseling office with great respect. The confidentiality of our sessions, phone calls, correspondence, and written records are protected by state law and by a professional code of ethics. The exceptions to this position, in which I cannot guarantee confidentiality either legally and/or ethically, are the following:

- When I believe that you intend to harm yourself or another person.

- When I believe a child, mentally ill, or elderly person has been/will be abused/neglected.
- When I believe it is appropriate with clients who are minors to include parents or guardians in the counseling process.
- When ordered by a judge to release information or to testify in court.

### **Complaint Procedures**

If you are dissatisfied with any aspect of our work, please inform me immediately. You may also report any concerns to the North Carolina Board of Licensed Clinical Mental Health Counselors, PO Box 77819, Greensboro, NC 27417 or call 1-844-622-3572.

### **Contact Information**

If you need to reach me, you may call 704-576-2230 to leave a confidential voice mail or email [julie@kairosnc.com](mailto:julie@kairosnc.com). Communication outside of therapy is limited to scheduling of appointments only. Phone calls will be billed at \$2/minute with established clients who call to discuss therapy issues outside of appointed sessions. In addition, it is against ACA policy to have any sort of relationship outside of our professional, therapeutic relationship, so please do not attempt to friend me on Facebook or other social media. Thank you in advance for respecting these legal and ethical requirements.

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Client Signature

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Date

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Therapist Signature

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Date