

Professional Disclosure Statement

Chaundrea M. Mason, BS, TF-CBT

Office: (919) 530-7666
E-mail: cmason2@nccu.edu

Welcome and thank you for allowing me to take part in your life's journey!

Please read through the following document in order to better understand the services I provide and what you can expect from our therapeutic relationship. I want to honor the courage that it takes to seek counseling services and I look forward to working together to determine how we can best meet your goals!

My Qualifications

I am pursuing a Master's Degree (M.Ed.) in Mental Health Counseling from North Carolina Central University and I hold a Bachelor's Degree (B.A.) in Nutrition from Howard University. The Counselor Education Graduate Program at North Carolina Central University is a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited program. I am a Certified Clinical Trauma Professional (Exp. 4/2025) and Art Facilitator.

Clinical Supervision

I am currently under supervision as a Student Counselor completing the Internship field experience to meet the requirements for graduation and professional licensure. I am employed part-time with Eagle Counseling, Consultation, and Research Clinic under the supervision of Malaika M. Edwards, MS, LCMHC. Ms. Edwards can be reached Monday-Thursday via phone at (919) 530-7666 or email medwar82@nccu.edu.

Counseling Background

As your Student Counselor, I am here to support you in making meaning and uncovering resources to help you be your best self. Taking an evidenced-based, client-centered, and solution-focused approach, I aim to provide a safe and supportive space where we can collaborate and work at your own pace to help you reach your goals. I work with individuals from a variety of backgrounds on issues including but not limited to:

- Stress Management
- Depression and Anxiety
- Shame, Self-esteem, and Self-image
- Wellness, Spirituality, and Mindfulness
- Grief, Loss, and Trauma
- Gender and Sexuality
- Couples and Family concerns such as: Conflict Resolution, Boundary Setting, Intimacy, Attachment, and Communication
- Life Transitions (Marriage, Divorce/Separation, Motherhood, Career, etc)
- Women's Issues

In addition to more traditional counseling techniques, I also utilize expressive arts (writing, music, visual

arts, drama, and dance) and complementary therapies (balneotherapy and aromatherapy) as a way to promote personal and emotional growth, self-care, and healing.

“It is an honor for me to do this work!”

Along with the many benefits of counseling come risks. Since counseling often involves discussing unpleasant or uncomfortable aspects of your life, you may experience feelings such as sadness, guilt, anger, frustration, loneliness, shame, and/or helplessness. Counseling allows you to process your feelings and often leads to better relationships, solutions to specific problems, and relief from feelings of distress. There are no guarantees of what you will experience. In order for you to achieve the most benefit from counseling, you will have to be engaged in your therapy sessions, committed, and do work outside of therapy to meet your personal goals.

The Clinic does not offer formal mental health diagnosis at this time, but if indicated in the future, diagnostic impressions may be developed using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Session Fees and Scheduling

I typically schedule one, 50-minute, individual session at the same time each week that is mutually convenient, although some sessions may be longer or more frequent. Our first few sessions may involve discussing your needs, counseling services, and what our future work relationship may include. I will support you with developing and reaching your counseling-specific goals. Upon completion of the goals you develop, treatment will end unless additional goals are identified.

Eagle Counseling Clinic does not accept insurance. Instead, we operate on a sliding scale with fees ranging from \$0-\$30 per session. *Please note that individuals are never denied services due any financial circumstances or an inability to pay.*

Cash, check, or money order are appropriate methods of payment and I will provide a receipt for all fees paid.

Please pay all checks or money orders to the order of: **NCCU Foundation**
In the Memo line write: **Account #:T01735**

We are developing a system to accept debit/credit cards for services.

Clients are seen by appointment only.

As a client you have the right and responsibility to set and keep appointments. Please contact me at least 24 hours in advance to cancel or reschedule appointments. If you are late for an appointment, I will be happy to see you for the remaining time available. Two unexcused absences to a group session is means for dismissal from the group. If dismissed from the group due to absences, you may join the next group.

Mental Health Crisis

If you experience a mental health emergency/crisis occurring after Eagle Counseling Clinic's scheduled business hours, you may call 988 Suicide and Crisis Lifeline or go immediately to your nearest hospital emergency room.

Confidentiality

All of our communication becomes part of the clinical record. Documents in your clinical record are available to you upon request. In accordance with my professional code of ethics with the American Counseling Association (ACA), there are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. If I believe that a client is threatening serious bodily harm to another person or to one's self, I am required to take protective actions. These actions may include: notifying the emergency or crisis response services, intended victim, and/or seeking hospitalization for the client. In rare cases, a Judge may order me to release counseling information during court proceedings.

In instances of group participation, I cannot guarantee confidentiality from other group members. However, I will do everything I can to ensure all group members understand confidentiality policies and that intentionally breaching confidentiality results in automatic dismissal from the group.

Additionally, it's a small world! If we run into each other outside the office I will maintain confidentiality by not acknowledging you unless you choose to acknowledge me first. If you desire, you are welcome to introduce me to those you are with as you see appropriate. Please note: I will not respond to any social media messages!

Referrals, Complaints, and Informed Consent

My goal is to create a nurturing relationship with all clients, and I certainly want to know if you feel as though I am not meeting your needs or expectations. I encourage your feedback and will attempt to adjust my approach. If I am not able to resolve your concerns, I am happy to provide you with referrals to other university or community resources.

I am in compliance with the North Carolina Board of Licensed Clinical Mental Health Counselors and abide by the ACA and NBCC Code of Ethics. If you feel that I am in violation of any of these codes, please inform me and my supervisor or file a complaint with the North Carolina Board of Licensed Clinical Mental Health Counselors.

Clinical Supervisor, Malaika M. Edwards, MS, LCMHC
Clinic Director for Eagle Counseling, Consultation, and Research Clinic (ECCRC)
telephone: (919) 530-7666; email: medwar82@nccu.edu

North Carolina Board of Licensed Clinical Mental Health Counselors
PO Box 77819, Greensboro, NC 27417
telephone: 844-622-3572; fax: 336-217-9450; email: LPCInfo@ncblpc.org

Acceptance of Terms

I have read, understand, and agree to the information given in this form.

Client: _____ Date: _____

Counselor: _____ Date: _____