

Professional Disclosure Statement

Melinda Hobbs
Office: 919.530.7476
E-mail: mhobbs8@nccu.edu

My Qualifications

I will receive my Master of Clinical Mental Health Counseling from North Carolina Central University in May 2024. I have a Bachelor's degree in English from Wesleyan College, an all-women's college in Georgia. I completed my practicum at a practice called Wildflower Counseling and Consulting and will be completing my internship at North Carolina Central University's Eagle Counseling, Consultation, and Research Clinic. I am seeking to be a Licensed Clinical Mental Health Counselor Associate in the state of North Carolina.

Clinical Supervision

I am currently under supervision as a Student Counselor completing the Internship field experience to meet requirements for graduation and professional licensure. I am employed part-time with Eagle Counseling, Consultation, and Research Clinic (ECCRC) and am under the supervision of Malaika M. Edwards, MS, LCMHC. Ms. Edwards can be reached Monday-Thursday via phone at: (919) 530-7666, or by email at: medwar82@nccu.edu. Counseling sessions may be discussed with my supervisor, but she is bound by the same confidentiality standards that I am.

Counseling Background

I have experience working with diverse populations, including couples, first responders, students, LGBTQIA+ community members, and children, in individual and group settings. My clients have experienced an array of symptoms, such as depression, anxiety, eating disorders, addiction, trauma, and more. My theoretical orientation draws from various techniques, including cognitive behavioral, person-centered, systems, and existential therapies, and I draw practical applications from aspects of Cognitive Behavioral Therapy (CBT), mindfulness-based, and trauma-informed practices. These approaches can support clients with identifying and developing wellness practices, setting boundaries, building relationships, and teaching skills that will lead to growth. My goal is to be welcoming and empower all of my clients through their challenges, giving them a safe space to accomplish personal goals. If the client and I decide other services or approaches would be more beneficial for their therapeutic needs, I will refer them to a professional who can best assist.

Session Fees and Length of Service

Office-based and telemental health services at Eagle Counseling, Consultation, and Research Clinic are offered on a sliding scale from \$0-\$30 for sessions typically lasting 50 minutes. Services are provided to individuals, couples, and families regardless of financial status or ability to pay. Eagle Counseling, Consultation, and Research Clinic does not accept insurance.

Use of Diagnosis

Eagle Counseling, Consultation, and Research Clinic does not currently offer formal mental health diagnostic services. If indicated in the future, diagnostic impressions may be developed using the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition – Text Revised.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else; (b) it is determined you are a danger to yourself or others (including child or elder abuse); or (c) I am ordered by a court to disclose information.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below if you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics

(<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors

P.O. Box 77819, Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007 // Fax: 336-217-9450

E-mail: Complaints@ncblcmhc.org

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____