

PROFESSIONAL DISCLOSURE STATEMENT

Jonathan Golden, Ph.D.

Licensed Professional Counselor
National Certified Counselor

Sanctuary Counseling Group
311 Third Avenue, N.E.
Hickory, NC 28601
828-322-6058

COUNSELING PRACTICE

Counseling services are provided to individuals in the areas of bereavement, depression/anxiety, stress management, life transitions, and personal and/or spiritual growth. My training is in mental health counseling with an additional specialization in issues of spirituality or faith. My areas of experience include: grief and bereavement, personal growth, anxiety and depression, stress and burnout, and life and career transitions. In the counseling process, clients can be helped to understand themselves better, set personal goals, and be supported in the process of working toward those goals. If the client and/or counselor decides this counseling practice is not appropriate for the client's needs, the client will receive assistance in contacting an appropriate referral source which can better meet their needs.

Most clients can expect to benefit from counseling, making positive changes in their thoughts, feelings, behaviors, and styles of coping. Some, however, may not find counseling profitable. Even the most successful counseling and therapy may at times be painful or distressing, as the client deals with emotionally difficult issues.

My theoretical style is a blend of existential/humanistic and cognitive therapy, as well as mindfulness work, depending on the needs of the client. Techniques include individual counseling (talk therapy), assessment and interpretation of assessments, provision of appropriate information and facilitation of decision making, and goal setting. In addition, homework exercises may be given as needed.

EDUCATION

Duke University
B.A. in Psychology, May 1977 (graduated with honors)
Durham, NC

Duke Divinity School
Master of Divinity, May 1981
Durham, NC

Holy Names College
M.A. in Culture and Spirituality, May 1987
Oakland, CA

Loyola College in Maryland
M.S. in Pastoral Counseling, May 1998 (CACREP Accredited)
Baltimore, MD

Loyola College in Maryland
Ph.D. in Pastoral Counseling, May 2002
Baltimore, MD

CREDENTIALS AND MEMBERSHIPS

National Certified Counselor (NCC)
Certification Number 52470
North Carolina Licensed Professional Counselor
License Number 3882
Member, American Counseling Association

(Continued)

EXPERIENCE

Hospice of the Chesapeake Bereavement Center, Millersville, MD (1995-1996)
 College of Notre Dame Counseling Center, Baltimore, MD (1996-1998)
 Towson University Counseling Center, Towson, MD (1998-1999)
 Methodist Counseling and Consultation Services, Hickory, NC (2002-2016)
 Sanctuary Counseling Group (formerly Methodist Counseling and Consultation Services (2016-present)

COUNSELING FEES

Fees are \$125 for a 50 minute session (\$150 for the initial intake session), either by check (payable to Sanctuary Counseling Group), cash, or credit/debit card (Visa or Mastercard). Payment is due at the time of service. A sliding scale is available for students or those unable to pay the full fee. **NOTE:** A 24 hours notice *must* be given for cancellations or you will be billed for the full amount. Insurance coverage is handled on a case by case basis. You should know, however, that for insurance purposes a DSM-V diagnosis is given and becomes part of your permanent medical record.

AS YOUR COUNSELOR:

1. *Informed Consent* (ACA Code of Ethics, Section A2): I will inform you of the purposes, goals, techniques, and procedures under which you may receive counseling. Prior to assessment, I will explain the nature and purposes of assessment tools and the specific use of results. Results will become part of the client's record.
2. *Confidentiality* (ACA Code of Ethics, Section B): I will protect the confidentiality of information received in our counseling relationship as specified by federal and state laws, written policies and ethical standards. For any of the following matters, legally and ethically, I may break confidentiality (ACA Code of Ethics, Section B.2) and involve others who can help:
 - A. If mandated by a court of law;
 - B. if disclosure is required to prevent clear and imminent danger to yourself and/or others;
 - C. if I am made aware of the potential or actual occurrence(s) of physical/sexual abuse of minors, persons with disabilities, or senior citizens;
 - D. I may disclose information to an identified third party who is at high risk of contracting a disease from you that is both communicable and fatal, providing that you have not already informed him/her or are not intending to do so.

CONCERNS REGARDING LICENSURE

Should you have any concerns regarding licensure and/or practice, please ask me or contact:

NC Board of Licensed Professional Counselors
 P. O. Box 77819
 Greensboro, NC 27417
 (844) 622-3572

ACKNOWLEDGEMENT

I have read the above in its entirety. I am informed about the policy regarding confidentiality of information I may provide during counseling and the limits of that confidentiality. With full understanding of these provisions, I give my informed consent to receive counseling services.

Signed _____ Date _____
 (Client)

Signed _____ (Counselor)

Sliding Fee Scale

Annual Earned Income	Fee Per Session
less than \$30,000	\$50
\$31,000 to \$40,000	\$65
\$41,000 to \$50,000	\$75
\$51,000 to \$60,000	\$85
\$61,000 to \$70,000	\$95
\$71,000 to \$80,000	\$110
\$81,000 to \$90,000	\$125