

LINDA WHEELER MCCUNE M.S.
Licensed Professional Counselor
972.824.2121
17770 Preston Road, Suite D
Dallas, Texas 75252

Qualifications

I am a Licensed Professional Counselor (#18222). I received my master's degree in Clinical Psychology from the University of North Texas at Denton in 1991. I am a member of The American Academy of Bereavement, and am a member of the American Counseling Association. I was employed by a private health services organization for 17 years and have been in private practice since April 2003. My experience has been in assisting clients with many issues, including: grief and loss, anxiety, depression, pain management, relationship conflicts, pre-marital counseling, stress management and building effective coping skills. My experience has been with individuals, groups, couples, families, and teens. I am a board approved supervisor and supervise counseling interns completing requirements for independent licensure. I am also a provider of continuing education credits (CEU Provider #1429).

Confidentiality

Visits for counseling services are confidential with the following exceptions. I am legally required to report:

- abuse or neglect of minors
- abuse, neglect or exploitation of elderly or disabled persons
- imminent physical injury by the client to self or others
- if threat exists for immediate mental or emotional injury to the client appropriate medical or law enforcement agencies will be informed

Confidentiality in Couples Counseling

If individual counseling sessions are indicated, I will maintain confidentiality with each partner unless it is believed that information given to me is detrimental to the progress of couple therapy. If I am given information by one partner (including phone calls, or email communication) that appears to be an impediment to progress in couple therapy, I will encourage and support the partner with the undisclosed information to share the information in a conjoint session. I will not share this specific information without the partners consent, but if the partner refuses to share the information in a conjoint session, referral to another therapist is indicated. If information given in an individual session indicates that treatment outside my professional expertise is needed I will provide appropriate referrals.

Counseling purposes, goals, and risks

The practice of counseling by licensed professional counselors is for the purpose of utilizing interpersonal, cognitive, cognitive-behavioral, behavioral, psycho-dynamic, and affective methods and strategies to achieve mental, emotional, physical, and social development and adjustment throughout the life span. Risks of counseling may include discomfort, as feelings may be aroused pertaining to current issues. Progress with counseling may not be guaranteed as it depends on many issues including: family

interactions, relationship issues, work related issues, and social support. As a professional counselor, I will always strive to provide quality care for each client, and support clients in reaching resolution to the issues at hand.

The duration of treatment for clients varies. Some clients may need only a few sessions while some clients may need ongoing care over a long period of time. Clients can discontinue therapy sessions at any time. It is recommended that clients participate in a termination session if they have decided to discontinue therapy. This allows for a review of progress, available time for closure, and any appropriate referrals if necessary. The client agrees to communicate to the therapist their decision to end therapy ____, ____ (initial).

Fees for Counseling Services

Fees are payable at the time services are rendered. Failure to pay fees for counseling will result in termination of treatment after appropriate notice and suitable referrals are provided ____, ____ (initial). The agreed upon fee for counseling services is _____.

If using health insurance, I am happy to check benefit information for you. The client is responsible for any deductible, copayments or coinsurance. The client is also responsible for any unpaid balance if for any reason your claim is denied by your health plan.

Cancellations: When you schedule an appointment time, that time is specifically reserved for you. If unable to keep an appointment, notification by phone 24 hours before scheduled time is required. **You will be charged the full fee for any missed appointments without 24 hour notice.** Insurance will not cover the cost of missed appointments, so client's utilizing their insurance plan benefits for counseling will be charged the contracted per session rate. ____, ____ (initial).

To ensure proper payment in the event of a no-show and/or late cancellation, the requested credit card information as specified below will be provided by you (the client/legal guardian). You also agree to pay the \$20.00 check fee plus bank fees for any checks that are returned for non-sufficient funds.

I authorize Linda W. McCune to charge my MasterCard, Visa, or other approved credit card for any accrued balance (co-pays, deductibles, late cancellations, no-shows, check return fees, etc.).

MasterCard _____ Visa _____ American Express _____ Discover _____

Cardholder's Name: _____

Card Number: _____

Expiration Date (month/year): _____

Last 3 or 4 Digit Code found on the back of credit card (on front of card for AMEX) _____

Billing address (if different from home address): _____

Fees for court appearance or deposition, if required, shall be no more than \$75.00 per hour, payable by the client. In the event that a client's records are ordered released by subpoena, a charge of \$50.00 shall be assessed to the client.

Therapist's Incapacity or Death

I acknowledge that, in the event the undersigned therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this professional agreement, I give my consent allowing another licensed mental health professional selected by the undersigned therapist to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice.

Scheduling Appointments

Call 972.824.2121, or contact me at counselorlwm@yahoo.com, to schedule an appointment time. Appointments are available Monday- Thursday. Daytime appointments are available and the last appointment is offered at 6:00 p.m. Fees for counseling services can be paid with cash, check, or credit card at the time services are rendered. Standing weekly appointment times are available as requested and scheduling allows. If you would like a standing appointment time please let me know.

I have read the information above and any questions I have were addressed. I voluntarily agree to receive mental health services and authorize the undersigned therapist to provide such services as are considered necessary and advisable.

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Linda W. McCune M.S., LPC

If for any reason you are dissatisfied with the services provided and wish to contact the counseling board to file a complaint, you may do so at the following address/phone number/email:

Texas State Board of Professional Counselors
1100 West 49th Street
Austin, Texas 78756
512.834.6658
LPC@dshs.state.tx.us