

**Sandy Johnson, MS, LPC, NCC, CCTP**  
**Professional Disclosure Statement**

Welcome to LifeCare Counseling! It may not always be easy to reach out for support; but in doing so, I want to personally thank you for entrusting LifeCare Counseling and myself with this part of your life journey. This document is a Personal Disclosure Statement (PDS) about me and my clinical experience, training, and professional background, as well as my areas of specialty and clinical focus. Please refer to LifeCare Counseling’s Informed Consent & Clinical Agreement for Professional Services, HIPAA, and other important documents for more detailed information regarding practice policies and client information. Please feel free to ask any questions as I am always open to answering them and providing any clarification you may need.

CONTACT INFORMATION	<p>SANDY JOHNSON, MS, LPC, NCC, CCTP  <a href="mailto:sandy@mylifecarecounseling.com">sandy@mylifecarecounseling.com</a>          LIFECARE COUNSELING          1293 Professional Drive          Suite A-101          Myrtle Beach, SC 29577          (843) 282-9004 office (843)808-6905 fax</p>										
CREDENTIALS	<ul style="list-style-type: none"> <li>• Licensed Professional Counselor (LPC) SC #6595</li> <li>• National Certified Counselor (NCC)</li> <li>• Certified Clinical Trauma Professional</li> <li>• EMDR-Trained (EMDRIA Approved)</li> <li>• Prepare/Enrich Couples Facilitator</li> <li>• M.S. Mental Health Counseling, Capella University, 3/2010</li> <li>• B.A. Psychology, University of South Carolina-Coastal Carolina,5/1993</li> </ul>										
PSYCHOTHERAPY SERVICES	<ul style="list-style-type: none"> <li>• Adults &amp; Adolescents</li> <li>• Individual, Couples &amp; Family</li> </ul>										
SPECIALITIES	<ul style="list-style-type: none"> <li>• Trauma (Acute &amp; Complex-CPTSD)</li> <li>• Anxiety/Depression</li> <li>• Relational Challenges (Interpersonal, Couples &amp; Family)</li> <li>• Grief/Loss</li> <li>• Self-Esteem</li> <li>• Life Transitions/Stress Management</li> </ul>										
CLINICAL BACKGROUND	<p>My clinical experience includes treatment of emotional, behavioral, relational, life and work stressors, career counseling, substance abuse/addiction, grief/loss, and trauma-related issues. I have worked in a variety of treatment settings including outpatient treatment, community-based counseling services, school settings and private practice. While I currently see adults and adolescents, I have been fortunate to work with clients of all ages (childhood through adulthood) in providing therapeutic services for anxiety, depression, trauma, grief/loss, transitional life difficulties and relational issues.</p>										
THERAPY APPROACHES	<p>Clients have described my therapeutic style as supportive and collaborative with a good balance of encouragement (sometimes that gentle push forward) in helping clients work toward positive changes in their lives.</p> <p>I utilize an integrated therapeutic approach derived from psychological theories of Attachment, Trauma Theory, Psychodynamic &amp; Cognitive Behavioral Theories. I also align with many principles of Positive Psychology which focuses on positive aspects of a person’s life (i.e., inner strengths, character, resiliency, gratitude, etc.) to overcome and/or manage life challenges. Based upon individual client need, below are some of the modalities utilized:</p> <table border="0" style="width: 100%;"> <tr> <td>*Cognitive Behavioral Therapy (CBT)</td> <td>*Mindfulness-Based Therapy</td> </tr> <tr> <td>*Client-Centered Therapy (CCT)</td> <td>*Narrative Therapy</td> </tr> <tr> <td>*Solution-Focused Brief Therapy (SFBT)</td> <td>*Acceptance Commitment Therapy (ACT)</td> </tr> <tr> <td>*Internal Family Systems (IFS)</td> <td>*Interpersonal Therapy</td> </tr> <tr> <td>*Eye Movement Desensitization &amp; Reprocessing (EMDR)</td> <td></td> </tr> </table>	*Cognitive Behavioral Therapy (CBT)	*Mindfulness-Based Therapy	*Client-Centered Therapy (CCT)	*Narrative Therapy	*Solution-Focused Brief Therapy (SFBT)	*Acceptance Commitment Therapy (ACT)	*Internal Family Systems (IFS)	*Interpersonal Therapy	*Eye Movement Desensitization & Reprocessing (EMDR)	
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CONFIDENTIALITY	Information shared in session is confidential. I will safeguard that privacy as much as permitted by the code of ethics and the law. <i>Please also refer to LifeCare Counseling's Informed Consent &amp; Clinical Agreement for Professional Services for additional information regarding confidentiality, exceptions to confidentiality and your protected health information.</i>
COUNSELING RELATIONSHIP	Having a collaborative and trusting therapeutic connection is an essential part of your progress; however, my role is a professional one. I adhere to those professional boundaries in serving your best therapeutic interest. Therefore, we are limited to a professional (client- therapist) relationship.
CODE OF ETHICS	Sandy Johnson, LPC follows the Code of Ethics of the following organizations: <ul style="list-style-type: none"> <li>● The South Carolina Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psychoeducational Specialists (Code of Ethics for Professional Counselors (Chapter 36-19).</li> <li>● American Code of Ethics, (ACA, 2014) <ul style="list-style-type: none"> <li>○ Non-Counseling Roles &amp; Relationships (A.5) Sexual and/or romantic counselor interactions or relationships is prohibited.</li> <li>○ Professional Boundaries (A.6)</li> </ul> </li> </ul>
APPOINTMENTS & SCHEDULING	<ul style="list-style-type: none"> <li>● After our initial session, we will discuss scheduling/frequency of sessions, etc.; however, as a general practice, clients are placed on a standing/regular weekly schedule when possible.</li> <li>● When this is not possible, appointments can be made directly with me via phone (843.282.9004) or email (lifecare@mylifecarecounseling.com). <ul style="list-style-type: none"> <li>○ Appointment reminders are sent via automated email or text via Therapy Appointment which is a HIPAA compliant, secure, encrypted software platform. Note: there is no identifiable information in appointment reminders.</li> </ul> </li> </ul> <p><i>If you are unable to keep a scheduled appointment; please provide at least 24 hours in advance.</i></p>
MENTAL HEALTH EMERGENCY	<p><b>What to Do in Case of a <i>Mental Health Emergency</i>.</b> 1.) Call 9-1-1, go to nearest local hospital emergency room (if able), or contact one of the local crisis numbers listed in LifeCare's Intake Paperwork. 2.) Please advise me of situation as soon as stabilized.</p> <p>If you are experiencing a mental health crisis but it is not an emergency or does not require immediate medical/mental health attention; please reach out to me directly. If it is after hours, please refer to resources above but update me as you are able.</p> <p><i>Above all, please know you are not alone and there is support for you!</i></p>

*My signature below affirms receipt of Sandy Johnson's Professional Disclosure Statement. I understand to refer to LifeCare Counseling's Informed Consent & Clinical Agreement for LifeCare Counseling's Practice Policies.*

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Client Signature

\_\_\_\_\_  
Date

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Parent/Guardian Signature (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date