

# Anne Storelli, LPC, LMFT, PLLC

## Professional Disclosure Statement

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### **Credentials:**

NC Board of Licensed Professional Counselors (LPC) #8548  
NC Marriage and Family Therapy Licensure Board (LMFT) #1406

### **Education:**

Master of Arts in Christian Counseling May 2009  
*Gordon-Conwell Theological Seminary—Charlotte*

### **Experience and Populations served:**

I have experience working with people who are struggling with depression, anxiety, bipolar disorder, PTSD, ADHD, personality disorders, adjustment disorders, anger management, codependency, recovering from past abuse, and spiritual concerns. I have worked with many couples as they try to improve their communication and resolve conflicts. I also enjoy working with families that have concerns with intergenerational issues and/or parenting (including co-parenting for divorced couples and step-parenting).

The modes of therapy I use include insight oriented therapy, CBT and DBT. With children (or interested adults) I include Sand Tray therapy, art therapy and play therapy. Generally, I use an eclectic approach that works with the experiences and strengths of my clients to help them find solutions that will work for them.

### **Your Role:**

While I will work hard to use my skills and training to the best of my ability, effective counseling requires your active involvement and effort to change. You will have to “work” during and between counseling sessions. Your success in counseling will be helped if you:

- Create goals. What are your hopes? What do you wish for yourself and your relationships?
- Give me feedback on how you perceive we are doing in our work together and guide me in being as helpful as possible for you.
- Commit to investing time and effort to achieve your goals. You can anticipate some positive change and momentum after the first few sessions. If the issue you are addressing is a long-standing one, however, you can expect lasting change to take more than just a few sessions. It is common to face frustration or have an increasing level of discomfort as you face life’s issues; in other words, “sometimes things get worse before they get better”. If you are willing to be consistent in your efforts to change in between sessions, you will likely see faster progress.

### **Confidentiality:**

I regard your privacy with utmost respect, and as such, all information that you share with me is confidential. There are a few important exceptions to this rule, however:

- 1) when I believe you intend to harm yourself or another person;
- 2) when I believe a child or an elder has been or will be abused or neglected; and
- 3) when ordered by a judge to release information.

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In the event that your session fees are submitted to your insurance company for reimbursement, they may require information about your treatment to pay a claim. For people with BCBS or Cigna, I will submit your claims directly to them. Otherwise, unless agreed upon differently, I will provide you with a statement of services at the end of each month which you may submit to your insurance company. Insurance companies usually require a statement including a mental health diagnosis and the type, frequency, and cost of services provided. This becomes part of your health care record. I cannot guarantee reimbursement by insurance companies nor protect confidentiality of information given to them. Additionally, claims may be denied by the insurance company or reimbursed at "out-of-network" rates. In all cases, you will be responsible to pay the full amount for services rendered.

When providing couple and family therapy, I do not view confidentiality as applying between the couple nor family members in therapy together; i.e., I will not be able to keep secrets from spouses or family members. I will use my best clinical judgment regarding revealing information.

**Email and voicemail can compromise your confidentiality. Please let me know if you would like to avoid these forms of communication. Also, please be advised that I use email only for scheduling purposes, and I do not schedule appointments or communicate by text messages.**

I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information will never be revealed; client identity remains completely anonymous and your confidentiality will be fully maintained.

Should we decide it would be to your benefit for me to consult with a third party (e.g., your psychiatrist or medical provider), I will do so only after you have signed a Release of Information form granting me permission to do so.

**Appointments:**

Your first session will be 75-90 minutes in length, as we take care of necessary paperwork, review the issues that have brought you to seek therapy, and discuss your treatment plan. The fee for this session is \$160.

Subsequent sessions will be 55 minutes in length, and my fee for a 55 minute session is \$120. Fees are payable in full at the beginning of each session and may be paid by check (written to Anne Storelli, LPC, LMFT), cash or credit card. If you are covered by BCBS (PPO or Indemnity plans) or Cigna, I will submit a bill for your sessions directly to them, and you will be responsible for your copay at the time of your session. If finances are a barrier to your pursuing therapy, please discuss your concerns with me.

I acknowledge that we have discussed the fee structure and understand that I am responsible to pay \$\_\_\_\_\_ per session.

Please be aware that your scheduled appointment has been reserved for you. In the event that you are unable to make a scheduled appointment, **I request 48 hour notice of your change in schedule.** Clients who do not attend scheduled appointments will be expected to pay a \$50 missed appointment fee.

**Phone Calls:**

If you need to contact me between sessions, you may call me and leave a message. I check my messages daily from Monday to Friday. If we spend more than 15 minutes per week on the phone or communicating by email, I will bill you on a prorated basis for my time. **If an emergency arises and you need to talk to someone right away please dial 911.**

**Complaint Procedures:**

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our therapy more effective and efficient. I abide by the ACA Code of Ethics ([http://www.ncblpc.org/Laws\\_and\\_Codes/2014%20ACA\\_Code\\_of\\_Ethics.pdf](http://www.ncblpc.org/Laws_and_Codes/2014%20ACA_Code_of_Ethics.pdf)).

If you think you have been treated unfairly or unethically by me and cannot resolve this problem with me, you can register a complaint to:

North Carolina Board of Licensed Professional Counselors  
P.O. Box 77819  
Greensboro, NC 27417  
Phone: (336) 217-6007  
Fax: (336) 217-9450

If you have any questions about this statement or any aspect of our therapeutic relationship, please feel free to ask.

**I have read and understood the information presented in this form.**

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature (for couples) or  
Parent's signature (for children)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Anne Storelli, LPC, LMFT

\_\_\_\_\_  
Date