

**Professional Disclosure Statement**  
**LoriAnn S. Stretch, PhD, LCMHC-S (NC), LPC (VA),**  
**NCC, ACS, BC-TMH**

Dr. Stretch earned a PhD in Counselor Education with a minor in Child and Adolescent Psychology from North Carolina State University in 2005. She also earned a M.S. in Community and College Counseling with a specialization in Special Education from Longwood University in 1997.

Dr. Stretch is a Licensed Clinical Mental Health Counselor - Supervisor (NC #4381) and a Licensed Professional Counselor (VA #0701010280). In addition, Dr. Stretch is a National Certified Counselor (#72374) and an Approved Clinical Supervisor (#00606).

**Counseling Background and Approach**

Dr. Stretch has been a professional counselor since 1997 and serves youth, adolescents, and adults of all ages from birth on. She currently provides individual, couples, family, and group therapy. Her counseling orientation is integrative. She is most heavily influenced by the person-centered and the cognitive-behavioral approaches to counseling. Dr. Stretch strives to provide a safe and consistent relationship with her clients while challenging the client to examine how his or her thinking impacts how the client relates with the world around him or her. In addition, Dr. Stretch often uses the following techniques in her healing work with clients: sandtray, art, homework, mindfulness, play, relationship enhancement, and psychoeducation.

Dr. Stretch believes individuals need to understand the thoughts underlying behavior in order to change maladaptive patterns in their lives. The ultimate goals of self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling. As a client, you are in complete control and may end the counseling relationship at any point. Dr. Stretch will be supportive of that decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without Dr. Stretch's support or intervention.

Although sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. You will be best served if our relationship remains strictly professional and if our sessions concentrate exclusively on your concerns.

**Ethics, Complaints, and License Verification**

Dr. Stretch abides by the NBCC, ACA, and NCBLPC Code of Ethics as well as the CCE's Standards for the Ethical Practice of Clinical Supervision. Although clients are encouraged to discuss any concerns with Dr. Stretch first, you may file a complaint against Dr. Stretch with the organization below should you feel she is in violation of any of these codes of ethics.

North Carolina Board of Licensed Professional Counselors  
PO Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3572

Fax: 336-217-9450  
[License Verification](#)

Virginia Board of Counseling Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
Phone: (804) 367-4610  
Fax: (804) 767-6225  
Complaints: (800) 533-1560  
[License Verification](#)

### **Session Length/Frequency, Fees, Cancellations, and Insurance Reimbursement**

Dr. Stretch offers 30-minute, 45-minute, and 90-minute sessions. Most client sessions are 45-minute sessions. Most sessions are weekly, though sessions can be every two weeks, monthly, or as needed. The length and frequency of sessions will be a collaborative decision between Dr. Stretch and each client.

A fee schedule is available in SimplePractice. Session fees range from \$95 - \$150 and are due at the time of service. The fee for each session will be due and must be paid at the time of service. Cash, personal checks, Mastercard, or Visa are acceptable forms of payment. In the event that you are unable to keep an appointment, you must notify Dr. Stretch at least 24 hours in advance. If we do not receive such advance notice, you will be responsible for a \$85 late cancellation fee.

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, Dr. Stretch will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

If you wish to seek reimbursement for counseling services from your health insurance company, please sign up for services with Dr. Stretch via Headway. Headway will collect the necessary information, verify insurance benefits, and handle all insurance billing. If your insurance benefits change, please notify Headway immediately of the change and they will re-verify benefits. Dr. Stretch is only able to accept insurance through Headway.

Those insurance companies that do reimburse for counselors usually require that a standard amount be paid (a deductible) by you before reimbursement is allowed, and then usually only a percentage of the session fee is reimbursable. You should contact a company representative to determine whether your insurance company will reimburse you and what schedule of reimbursement is used.

### **Records and Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. Dr. Stretch will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct Dr. Stretch 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) Dr. Stretch is ordered by a court to disclose information.

### **Acceptance of Terms**

By your signature below, you are indicating that you have read and understand this statement, and that any questions you have about this statement have been answered to your satisfaction.

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Responsible Party

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Date

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Minor (12 – 17 years)

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Date

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Counselor

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Date

Private Pay Fee Schedule for Paragon Counseling, PLLC

90791 – Initial Evaluation/First Session \$150.00

90832 – Psychotherapy, 30 mins (16–37 mins) \$85.00

90834 - Psychotherapy, 45 mins (38–52 mins) \$100.00

90837 - Psychotherapy, 60 mins (53+ mins) \$150.00

90846 – Family or couples psychotherapy, without patient \$125.00

90846 – Family or couples psychotherapy, with patient \$100.00

90853 – Group psychotherapy \$100.00

XXX – Legal proceedings: \$250 preparation + \$250 per hour (calculated incrementally)

XXX – Administrative Support such as letters and reports: \$75 per hour (calculated incrementally)