

Ebonee Grissett, M.A., LMFTA
Professional Disclosure Statement

Credentials

B.A. in Secondary Mathematics Education, Specialization in Statistics, NC Teaching Fellow, NCSU, 2013

M.A. in Marriage, Family, and Individual Counseling from Southeastern Baptist Theological Seminary, 2021

Licensed Marriage and Family Therapist Associate, License No. 20155A

Restricted Licensure

I am a Licensed Marriage and Family Therapy Associate in the state of North Carolina. This license asserts that the licensee has completed the required Master's Degree in counseling under supervision in North Carolina as a therapist and is working under professional supervision. I will discuss your case with my supervisor. I will ask you for permission to record a session or allow my supervisor to sit in on a session. Should you need to contact my supervisor, you may reach Vanessa Kent, PhD, LMFT at (757) 352-4702 or vaneken@regent.edu

Professional Experience and Services

As a former high school teacher and higher education administrator, I have worked with a variety of people, dealing with a number of issues. My previous professional experiences have positively shaped my perspective as a therapist.

I am passionate about helping individuals who are dealing with stress from life transitions, identity/purpose issues, pregnancy/postpartum anxiety and depression, burnout, and marriage/family issues. I tailor my approach to each client's needs and goals; drawing from a variety of frameworks including attachment theory, cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and solution-focused therapy.

CONFIDENTIALITY

The confidentiality of your personal health information is very important to me. At LifeCare we have a team approach and confidential information may be shared with other providers on our team as necessary to ensure the best quality of care. Your personal information is confidential within the practice. I may use and disclose your personal information without authorization for the following purposes: abuse, neglect, domestic violence, or court order. As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse to self or others, neglect, domestic violence, or court order. If such a report is optional, I will use my professional judgment in deciding if to make such a report. If feasible, I will inform you promptly that I have made such a disclosure. For those who have the NC State Health Plan as their health insurance, as required by law, your demographic information will be disclosed to a state agency called NC HealthConnex.

****Recording of sessions without your provider's knowledge is forbidden.**

Minors and Disabled Adults

When working with clients who are minors or adults who are legally incapable of giving consent, I will obtain consent from a parent or legally authorized representative. For children who are clients, it will be determined the extent that he or she has an understanding of privacy based on chronological age and cognitive ability. If the child has no concept of privacy, then I am free to share information with parents without informing the child first.

Pre-adolescents and adolescents will be seen on an "informed forced consent" in that information will be handled as confidential, but it is up to the therapist to decide what information is pertinent to share with the parents. Sometimes it is in the best interest of the minor client not to disclose all information to the parents that the child shares with the therapist so as to strengthen the therapeutic alliance and work through issues with the minor. Parents of the minor will be given updates of progress of goals and treatment plans on a scheduled basis. When it is determined that information should be shared for therapeutic reasons or as part of family counseling, the client will be informed and consulted and/or included in sharing the information with the parents or guardians. This of course, is superseded by any of the exceptions of confidentiality (danger to self or others, abuse, or court order) as stated in the above paragraph.

When working with two or more persons who have a relationship such as in a group, family or marriage, I will clarify at the outset who is the primary client as an individual or family unit. I will not share confidences by one family or group member to others outside the family without permission or prior agreement of all members except described in legal exceptions of threat of serious harm to self or others as described above in paragraph one.

If you are dissatisfied with any aspect of the services provided by me, please inform me so that I can address your concerns. If I cannot come to a satisfactory resolution, you may speak further with me or with Maria Lyons, Practice Administrator. If after doing so you are still dissatisfied, you may contact the NCMFT Licensure Board at P.O. 10912, Raleigh, NC 27605

Please see "Notice of Privacy Practices" for more detailed information about confidentiality of service and records.