

Dedrick Gaddy, MSW, LCSWA
Professional Disclosure Statement

Credentials

Bachelor of Social Work, Methodist College 1998

Master of Social Work, ECU 2001

LCSWA, Licensed Clinical Social Worker, License No. P015542

Restricted Licensure

I am a Licensed Clinical Mental Social Worker 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 Beth Johnson, LCSW at 919-621-3334 or email her at ejohnson3@wcpss.net

Professional Experience and Services

I have 20 plus years of experience working with individuals and families encompassing a wide array of issues not limited to, but including anxiety, depression, suicidal ideation, self-worth, identity as well as intrapersonal and interpersonal conflict. I provide therapy for individuals utilizing Cognitive Behavioral Theory, Brief Solution Focused Theory, Person Centered Theory, and other relevant techniques.

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 to 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 we 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 NCLCSW Board at P.O. Box 1043, Asheboro, NC 27204 or by phone at 844-622-3572.

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