

NICK DEJESUS, LCMHCS

Licensed Clinical Mental Health Counselor Supervisor (S8287)

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EDUCATION & CREDENTIALS

I am a North Carolina Licensed Clinical Mental Health Counselor Supervisor, a National Certified Counselor, a Ph.D. candidate with a major in Counselor Education and Supervision at Oregon State University (CACREP-accredited) and I am currently engaged in private clinical practice both in-person and via telehealth.

I completed the Master of Arts degree in Clinical Mental Health Counseling from Campbell University. I have also completed additional post-graduate training in an intense 1-year clinical residency at WakeMed Hospital in Raleigh, working primarily with pediatrics (1-18 yrs old) experiencing trauma, and a 3-year post-graduate residency at Wake Forest Baptist Health that focused on the integration of psychology and spirituality. My current doctoral studies and research provide unique insights into sexuality, relationships and intimacy, gender identity development and sexual addiction. I have presented at national conferences as well as numerous local churches and organizations on issues related to mental health – specifically the intersection/integration of sexuality and spirituality. I am an active LGBTQIQ ally.

MY APPROACH TO COUNSELING

I've been trained in a variety of approaches to psychotherapy, including psychoanalysis, cognitive-behavioral therapy (CBT), internal family systems (IFS), acceptance commitment therapy (ACT), mindfulness-based techniques, psychoanalytic, depth psychology, and psychodynamic therapies. I've found that in practice, a tailored approach to your unique needs works best. I will draw on my doctorate research in relationships and sexuality, clinical training in crisis treatment, and years of experience in individual and couples counseling to develop an individual plan for your therapy.

A therapist obviously brings his or her own style of relating to therapy, which is just as important as technique because psychotherapy is fundamentally a relationship. That is why finding a good match between a client and a therapist is important. I'm a very present and engaged therapist. I listen and ask intentional questions, as well as offer curiously informed insights, not just for the sake of listening and dialogue, but using my training to really hear the core of what is being said so we can better process and discover together. When you finish a session of therapy, the most important thing I want you to feel is that you were heard, understood, and supported.

My approach to therapy is from an existential, client-centered approach that I refer to as "The Traveler's Mindset." It's an invitation that I extend to potential and current clients to take an inward journey to explore themselves in a safe space with a co-traveler (me therapist), where together we navigate, discover, and process your internal thoughts, behaviors, relationship patterns, identity, and many other unknown parts of you that we will discover along the way. Many times, people come to therapy with a specific outcome in mind, but what we may fail to understand is that the internal journey of self-discovery and awareness is a process, that if embraced with patience and curiosity, can lead to the initial desired outcome and possibly many others that are mutually beneficial in regards to our self-concept, healing, recovery, and wholeness. All that is needed from you is openness to the journey, curiosity, and the desire for personal formation - whether it be emotional, intellectual, behavioral, sexual, spiritual, or any combination of these.

CONFIDENTIALITY

All information you share and the work you do with me in counseling is kept in professional confidence. Your personal information you share with me is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Further, I am ethically bound by the American Counseling Association to honor the confidential nature of the counseling relationship. I keep a confidential file and your personal information will not be shared beyond the counseling office. You own your information and it will not be shared with the following **exceptions**:

1. Clients or legally appointed representatives have signed a Release of Information allowing specific information to be exchanged with an identified agency.
2. Clinical supervision and/or collaboration are explained to clients and agreeable to them.

3. Clients have revealed and have intent of suicidal/homicidal thoughts and/or behavior.
4. A court has ordered the release of confidential information without client consent, at which request the counselor is ethically bound to ask the court to disallow disclosure due to potential harm for a client or counseling relationship.
5. The counselor has legitimate reason to suspect or believe that a child (or elder) is being abused, at which time it is the counselor's ethical and civil duty to report such abuse to proper authorities.
6. The counselors clinical record is audited by the client's insurance company/MCO
7. The counselor is sued by the client and/or is issued a subpoena by the court involving a legal dispute concerning the client.

Whenever possible, clients are told in advance of outside authorities' involvement in treatment or request for confidential information. Only necessary information is shared when confidential information is released. The same confidentiality is afforded to minors as adults. However, parents or legal representatives may be notified of information pertinent to their understanding and/or care of their child.

LENGTH OF SESSIONS, NO SHOW POLICY, & PAYMENT

Each session will last between 53-56 minutes in length unless agreed upon beforehand. Our work can only be effective with commitment and continuity. **If you must cancel a scheduled appointment, please inform me no later than 24 hours before the appointment. You will be charged a no-show fee of \$95, which is not covered by your insurance, for any missed appointments that occur without notice, except in the case of personal emergency.** Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment. The sessions will be scheduled on a weekly basis; preferably the same day and time each week.

All fees for services provided are established between a contract with Nick DeJesus, LCMHCS and your insurance carrier. **Session cost is \$\$125-180 per session**, depending on the nature of the session, should you prefer to pay out of pocket. The following insurance will be accepted: Blue Cross Blue Shield, Aetna, Cigna, & UBH. You will be responsible for any co-pay or deductible required by your insurance company. I can also assist you with out-of-network claims for reimbursement.

In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have said diagnosis 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 for your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will be a part of your permanent insurance record.

GRIEVANCE PROCEDURE

If at any time you have concerns or complaints that I am in violation of any of the ACA code of ethics (2014), please inform me immediately so that we can discuss your concerns and work together to find a resolution.

Should you feel you have been treated unfairly or unethically by myself or any other counselor, you feel cannot be resolved personally, you may place a formal complaint to:

North Carolina Board of Licensed Clinical Mental Health Counselors

2C Terrace Way; Greensboro, NC 27403

Phone: 844-622-3572 or 336-217-6007; Email: LCMHInfo@ncblcmhc.org; www.ncblcmhc.org

CONSENT FOR TREATMENT

I voluntarily give my consent for evaluation and counseling services to be provided by Nick DeJesus, LCMHCS. I understand that I may withdraw myself at any time from treatment and refuse treatment offered.

Client Signature_____

Date_____

If under 18, Parent Signature_____

Date_____

Counselor Signature_____

Date_____