

**PROFESSIONAL DISCLOSURE STATEMENT**

*In accordance with the Annotated Code of Maryland, Health Occupations, 17-308, Authority granted by license, 17-309, Supervised clinical practice, and 17-507, Professional disclosure statement:*

**Carol A. McKissick, MBA, MS, LGPC** (Licensed Graduate Professional Counselor)

License No. and State: LGP8698 Maryland

**Santoro Psychological Counseling Services**

2850 North Ridge Road, Suite 208A

Ellicott City, MD 21043

Office: 410-988-5943 – FAX – 410-988-5944

Email: [carol@santoropsychological.com](mailto:carol@santoropsychological.com)

Website: <http://santoropsychologicalservices.weebly.com/>

Education: Masters of Science in Applied Psychology from the University of Baltimore

Authorized to provide services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups.

Under the clinical supervision of:

[Lynne B. Peters](#), LCPC - License No. LC7275 - State: Maryland  
Greater Allegany Counseling - 1007 Frederick Rd, Catonsville, MD 21228.

Office: [\(443\) 341-6736](tel:4433416736)

Email: [rsvppeters@comcast.net](mailto:rsvppeters@comcast.net)

Website: <https://www.greateralleganycounseling.com/>

Fee Schedule: \$100 per hour – (\$29 assessment fee for Gottman Couples' Counseling)

This information is required by the Board of Professional Counselors and Therapists, which regulates all licensed and certified counselors Maryland Board of Professional Counselors and Therapists.

4201 Patterson Avenue Baltimore, MD 21215-2299 / (410) 764-4732

***Your signature below indicates that you have read the information in this document, have been given an opportunity to ask questions about the contents of the document, and agree to abide by the terms during our professional relationship. Your signature also serves as written informed consent to provide psychological services to***

\_\_\_\_\_ (print)

\_\_\_\_\_  
Signature of Client/Parent/Guardian

\_\_\_\_\_  
Date