LCMHCA Professional Disclosure Statement

<Full Name, Undergrad Degree>

E-mail: <Email Address >

**MY QUALIFICATIONS**

I earned my bachelor’s degree from XX University in XX Major. I will receive a Master of Arts in Education degree in Clinical Mental Health Counseling from the University of North Carolina at Pembroke in December of 2019. At this time, I have one year of supervised clinical counseling experience.

**RESTRICTED LICENSURE**

I am currently pursuing provisional licensure as a Professional Counselor Associate in North Carolina. I am currently under the supervision of First Last Name. They can be contacted at (XXX) XXX-XXXX or xxxxxxxx@xxx.xxx

**COUNSELING BACKGROUND**

During my graduate career, I have gained clinical counseling experience working with grief, loss, and mood disruptions in an assisted living setting. I provide individual, family, and group counseling services. My theoretical orientation is person-centered and cognitive-behavioral.

**SESSION FEES AND LENGTH OF SERVICES**

Counseling sessions can range from 15 to 90 minutes in length, depending on the needs of the client and the progress of our work together. I do not accept payment for my services at this time.

**DIAGNOSIS**

I do not issue formal diagnoses.

**RECORD KEEPING AND CONFIDENTIALITY**

All our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined that you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose your information. In this case, I will consult with you and only disclose information directly pertinent to the nature of the court requirements.

**COMPLAINTS**

I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>). Please first discuss any concerns with me; I am happy to work through them with you. If that is not satisfactory, please contact my supervisor. If we are collectively unable to settle the matter, and you feel I am in violation of any of these codes of ethics, you may file a complaint against me with the organization below.

North Carolina Board of Licensed Clinical Mental Health Counselors   
P.O. Box 77819

Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [complaints@ncblcmhc.org](mailto:complaints@ncblcmhc.org)

**ACCEPTANCE OF TERMS**

We agree to these terms and will abide by these guidelines.

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_