LCMHCA Professional Disclosure Statement

**Sarah Mehta**

B.S.

Graduate Student at Appalachian State University, Clinical Mental Health Counseling Program

Seeking Professional Employment

Business Phone: 828-619-0593

Email: [sarahlmehta@gmail.com](mailto:sarahlmehta@gmail.com)

**Qualifications:**

I received my Bachelor of Science in Biology from Guilford College in Greensboro, North Carolina in May of 2014. I am currently pursuing a Master of Arts degree in Clinical Mental Health Counseling from Appalachian State University with a concentration in body-centered therapy and a certificate in expressive arts therapy. My anticipated graduation is December 2016. I am a member of the Alpha Sigma Upsilon chapter of Chi Sigma Iota (CSI), the professional counseling honor society, as well as a member of the North Carolina Counseling Association (Member #91099) and the American Counseling Association (Member #6417186). I have completed my practicum and internship at Blue Mountain Center for Integrative Health as of August 3, 2016, meaning that I have 1 year (700 hours) of clinical counseling experience as a student counselor intern.

**Restricted Licensure:**

I am pursuing licensure as a Licensed Clinical Mental Health Counselor Associate (LCMHA) in North Carolina. Additionally, I will be pursuing certification as a Registered Expressive Arts Therapist (REAT).

As a counselor pursuing my LCMHCA, I am under supervision. My supervisor is Dr. Christina Rosen, Ed.D., LCMHCS (#S7345), LCMHC (#7345), LCAS (#1138), CCS (#20060), ICADC (#8935), NCC (#248197). Her address, email, and phone number are as follows: Reich College of Education, 151 College Avenue, Office 336D, Boone, NC, 28608, [rosencm@appstate.edu](mailto:rosencm@appstate.edu), and 828-262-7858.

**Counseling Background:**

Currently, my clientele consists of children, adolescents, and adults. My personal theoretical orientation stems from cognitive behavioral therapy (CBT), which focuses on identifying, examining, challenging, and restructuring inaccurate, unrealistic, and negative thoughts and beliefs. I believe that the use of expressive arts (e.g. dance, movement, mindfulness, painting, drawing, clay, collage, crafts) in therapy can help individuals access, explore, and facilitate psychological processing and growth. I use Gestalt theory as a means to enhance awareness in my clients.

I see therapy as a collaborative process that involves both you, the client, and me, the counselor. As a counselor, I see myself as a fellow traveler on your life journey. My role is not to “fix” you or tell you how to live your life. Rather, my role is to listen, empathize, challenge, offer suggestions and alternatives, ensure a comfortable, nonjudgmental space for self-exploration, and provide tools for you to assist your own psychological growth and development.

As the client, your progress depends primarily on your commitment to the counseling process, as well as your active participation. During counseling sessions, I may invite you to try expressive art activities, such as drawing, painting, body movement, or making crafts, in addition to talking with me. Outside of counseling sessions, I may ask you to spend time on experiential homework, journaling, stress relief or mindfulness techniques, becoming intentionally aware of your thoughts and feelings, or reading/research.

**Technology:**

I respectfully ask that while you are in a counseling session with me that you turn off all electronic devices so that you may be as fully present as possible. Additionally, my professional code of ethics does not allow me to participate in any social media contact (e.g. Facebook, Twitter, etc.) with my clients. If for any reason you need to contact me, please call or text my business phone at 828-619-0593, and I will get back to you as soon as possible. Texting is not a confidential form of communication. Therefore, I can only accept texts concerning appointments (e.g. scheduling, cancellations). Please note by using texting that you risk a breach in confidentiality. DO NOT use texting for emergency situations or for communicating information concerning counseling sessions. In case of an emergency, please call 911, go to the ER, or use any of the other numbers listed under “Therapist Cancellations and Client Emergencies.”

**Multiple Relationships:**

The counseling process, by nature, is intimate and personal. Given these qualities, it is important to highlight that our counselor/client relationship is strictly professional. Additionally, because Boone is a small community, it is possible that we will see each other outside of the counseling setting (e.g. grocery shopping, at a restaurant, etc.) I will not at any time acknowledge you in public unless you acknowledge me first. If you choose to acknowledge me, we will not discuss any counseling related information.

**Benefits and Risks of Counseling:**

It is important to note that the counseling process is not simply a “quick fix” to issues or circumstances that you may be struggling with. Rather, the counseling process requires time, perseverance, and active engagement on your part to meet your goals concerning your well-being. Keep in mind that as you go through the counseling process, changes in your behaviors/thoughts/feelings may also affect your relationships and/or circumstances in a variety of ways.

Some positive outcomes of the counseling process may include a higher degree of self-insight, a deeper understanding of others, or an acquisition of specific techniques or tools for dealing with specific feelings or circumstances. During a counseling session, you may experience a wide range of emotions, including anger, guilt, resentment, anxiety, frustration, “stuck-ness”, being overwhelmed, or fear. Although these emotions may induce discomfort, this discomfort may be instrumental in catalyzing personal growth and discovery. I will strive to provide a safe, welcoming, and nonjudgmental space for you to experience and process these feelings.

**Session Fees and Length of Service:**

I primarily offer individual counseling. Initial sessions typically last 90 minutes. Subsequent counseling sessions typically last between 50-60 minutes. You may choose to end your counseling services with me at any time. I am currently unable to file insurance, Medicare, or Medicaid for clients, and I am not a provider for an insurance panel. Fees may be paid via cash or check, and payment is due at the beginning of each session. Initial sessions are $100, and subsequent sessions are $75. I do not use a sliding scale for fees.

**Missed Appointments or Cancellations:**

Please contact me via phone at 828-619-0593 at least 24 hours in advance to change a scheduled appointment. I ask that all clients arrive on time for all of their sessions so that we may utilize our time together as efficiently and effectively as possible. If clients arrive to their appointment 30 minutes or later, I will consider the appointment officially canceled and will require it to be rescheduled for another time.

**Therapist Cancellations and Client Emergencies:**

In the event that I need to cancel or reschedule an appointment, I will contact you from my business phone as soon as possible. Inclement weather or other emergencies may require your appointment to be rescheduled If you are experiencing an emergency or crisis and cannot reach me at my business phone, please call Watauga County Daymark Recovery Services Emergency Contact Line (828-492-2785), Watauga County Daymark Recovery Services After Hours Crisis Line (828-264-4357), Watauga OASIS Crisis Hotline for Violence/Domestic Abuse (828-2626-5035), or 911.

**Use of Diagnosis:**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require a diagnosis of a mental-health condition and indicate that you must have an “illness” 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 in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

**Confidentiality:**

You can request access to your clinical record at any time. Any information exchanged during our sessions is confidential, except during the following situations: (a) if you are in danger of harming yourself or harming others (including child abuse, elder abuse, and/or abuse of disabled persons), (b) if I receive a court order to disclose your clinical record, (c) if you give me permission to disclose information to a specific party, or (d) if you are a minor (in which case, your parents and/or guardians have access to your clinical record).

I will at times be sharing aspects of your case with my site supervisor. Supervision is required while I am pursing my LCMHCA. At no time will I disclose your name or any personal identifying information. I will ask you for your permission to videotape or audiotape our sessions for the purpose of being reviewed for supervision purposes. All tapes are immediately destroyed after being reviewed. Regardless of whether you consent to videotaping or audiotaping, I will still provide counseling services to you. You may revoke your consent at any time for videotaping or audiotaping during our sessions.

**Termination:**

Typically, the termination process is a collaborative effort between both the client and the therapist that begins when the client feels that they have maximized their improvement/progress in the counseling process. This being said, you have the right to terminate your counseling services during any point in our therapeutic relationship. Additionally, if you wish, I will provide you with information about other options for local counselors or refer you to another therapist.

**Complaints:**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

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

**Acceptance of Terms:**

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

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

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