

LCMHCA Professional Disclosure Statement (**Template**)

<Full Name, Credentials>

Office: <Number with Area code>

Fax: <Number with Area code>

E-mail: <Email Address if you want clients to have one>

My Qualifications <In paragraph form, describe the elements below.>

- The licensee's or applicant's highest relevant degree, year degree received, discipline of degree, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates or registrations).
- Number of years of counseling experience.

Restricted Licensure <In paragraph form, describe the elements below.>

- A license applicant should include a statement indicating that he/she is pursuing licensure as a Clinical Mental Health Counselor Associate in North Carolina (prior to LCMHCA being issued).
- A license applicant should include a statement indicating that he/she is under supervision as a Licensed Professional Counselor Associate in North Carolina (post receipt of LCMHCA)
- A statement noting the name of current supervisor(s) and the supervisor's contact information

Counseling Background <In paragraph form, describe the elements below.>

- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- Description of areas of competence (such as theoretical orientation and techniques – e.g., play therapy, EMDR, DBT, etc.).

Session Fees and Length of Service <In paragraph form, describe the elements below.>

- Length of sessions
- Specific fee charged for each type of session. If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated.
- Methods of payment accepted (cash, check, credit card, etc) and information about billing or insurance reimbursement.

Use of Diagnosis <Below is an example. Modify to fit your preference.>

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that 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 <Below is an example.>

All of 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 you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints <This section should remain the same>

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 <This section should remain the same>

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

Client: _____ Date: _____

Counselor: _____ Date: _____