LCMHC Associate –

Instructions for preparing your Professional Disclosure Statement

Per Section 90-343 of the LCMHC Practice Act -

Any individual, or employer of an individual, who is licensed under this Article may not charge a client or receive remuneration for professional counseling services unless, prior to the performance of those services, the client is furnished a copy of a Professional Disclosure Statement that includes the licensee's professional credentials, the services offered, the fee schedule, and other provisions required by the Board. (1993, c. 514, s. 1.)

Per Rule .0204 of Chapter 53, Title 21 of the North Carolina Administrative Code –
A professional disclosure statement is a printed document that includes the following information:

- Name of licensee
- The licensee's highest relevant degree, discipline of the degree, year degree received, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates, registrations).
- 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 statement noting the name of current supervisor(s) and contact information (after LCMHCA is issued).
- Number of years of counseling experience.
- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- 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 and insurance reimbursement.
- A brief statement regarding the use of diagnosis and the fact that this becomes a permanent part of the clients' records.
- An explanation of confidentiality, including responsibilities and exceptions (harm to self and others, indication of child or elder abuse, court order– *a subpoena is not a court order*).
- Statement of procedures for registering complaints, including the full name, the address and phone number of the North Carolina Board of Licensed Professional Counselors.
- Signature and date spaces for both the client and the licensee.

A current copy of this statement shall be provided to each client prior to the performance of professional counseling services. An updated professional disclosure statement shall be submitted to the Board office at the time of renewal. The counselor shall retain a file copy of the disclosure statement signed by each client.

The contents of your disclosure statement must be compatible with the Standards of Practice section of your application packet and with your education, training, and scope of experience. This document will be reviewed by the Board prior to approval of your application.

Please note that you must submit a disclosure statement even if you work in a setting (such as school counseling) which does not require that you present a disclosure statement to each client.

If all of the above items are not included in your statement, it will be returned to you.

Once LCMHC Associate licensure has been issued and prior to beginning work under supervision, you must update the following in your Professional Disclosure Statement and submit an updated copy to the Board's office.

- Include the name(s) and contact information of your current supervisor(s). <u>This must match the approved supervisor on file with the Board, or the submission will be rejected.</u>
- Remove statement indicating that applicant is pursuing licensure as a Licensed Clinical Mental Health Counselor Associate in North Carolina.

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