Appendix A

Professional Counselor Disclosure Statement

LCMHCA Professional Disclosure Statement

Kimberley Diane Bennett, LCMHCA

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Fax: 336-818-0734

E-mail: kbennett.jpcs@gmail.com

My Qualifications

I graduate from Capella University in September of 2025 with a Master's Degree in Mental Health Counseling.

Restricted Licensure

I have licensure as a Clinical Mental Health Counselor Associate in North Carolina. My current supervisor is LuAnn Horton, LCMHC and she can be reached at 336-818-0733.

Counseling Background

I received my Bachelors in Nutrition from Western Carolina University and currently finishing my Masters in Mental Health Counseling. I have worked with teens and adults with a variety of concerns. I have worked mostly with eating disorders, pregnancy, and postpartum concerns. My primary methods with clients is Cognitive Behavioral Theory and Person Centered. These theories put the person in control of their journey and my role is to help the person realize what is affecting their mental health and make changes to help their wellbeing. I am here to be a support in each person's counseling journey and provide a guide in personal discovery. I am prepared to work with a variety of issues including eating disorders, anxiety, depression, pregnancy and postpartum concerns, and I am willing to learn about other issues to help each person. I look forward to working with you.

Session Fees and Length of Service

Session Fees and Length of Service Cash, Check or Credit Card. Your first session will last approximately one hour. Each subsequent session will last between 45 and 60 minutes. The fees/co-pay due upon service can be discussed with our office

Third Party Payers. As a courtesy we will bill your insurance company, HMO, responsible party or third-party payer for you if requested. We ask that at each session you pay your co-pay. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due

Cancellations. It is expected that your session will begin at the agreed upon time. Any session that begins after this time due to late arrival (for any reason) cannot be extended beyond the agreed finish time. Please provide 24 hours' notice should you need to cancel or reschedule an appointment. Frequent missed appointments will lead to additional charges that will not be covered by your insurance company or other third-party payers. Three missed appointments without prior notice can result in the termination of service (at the discretion of the counselor

Use of Diagnosis

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

All communication becomes a part of the clinical record, which is accessible to you upon request. Your verbal communication and clinical records are strictly confidential. You should be aware, however, that

legal and ethical requirements specify certain conditions in which it may be necessary for me to discuss certain information about your treatment with other professionals. If you have any questions about these limitations, please ask me about them before we begin our sessions.

Confidentiality will be limited if/when:

Information (diagnosis and dates of service) is shared with your insurance company to process your claims, You and/or your child(ren) report physical or sexual abuse; then, by North Carolina State Law, your counselor is obligated to report this to the Department of Social Services, You sign a release of information to have specific information shared, You provide information that informs your counselor that you are in danger or harming yourself or others, Information necessary for case supervision or consultation, or Required by a court order.

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: _____