#### **LCMHC Professional Disclosure Statement**

### Kimberly Pennell, M.S., LCMHC, NCC, CCMHC

**Business Phone Number: 336-818-0733** 

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### My Qualifications

I received my Bachelor of Arts degree in Sociology from North Carolina State University in 2007. I graduated from Capella University in 2016 with a Master of Science degree in Mental Health Counseling. I am licensed as a Clinical Mental Health Counselor (LCMHC #12979) in the state of North Carolina. I have ten years of counseling experience in the areas of individual, group, and family counseling. I am also certified by the National Board for Certified Counselors as a National Certified Counselor (NCC, ID# 831504) and a Certified Clinical Mental Health Counselor (CCMHC, ID# 831504).

# **Counseling Background**

I have a very broad background in community agency and private clinic settings working with adults, children, and families. I provide services in individual and group settings utilizing Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, and Solution Focused Therapy. Common techniques used include: identifying and analyzing irrational thoughts and behaviors, behavior modification, mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness techniques as well as solution focused planning.

## **Session Fees and Length of Services**

Intakes and assessments generally take 1 to 1.5 hours. Individual sessions range from 30 to 50 minutes. Group sessions range from 1 to 1.5 hours. I currently bill Medicaid insurance through Jodi Province Counseling Services and Vaya Health Managed Care Organization. Individuals with other in network insurance will pay copays as determined by their health insurance provider and individuals with no insurance are served on a sliding scale fee basis with proof of household income. Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled by phone Monday through Friday during the business hours of 8:00am – 5:00pm. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge for the time reserved for you. Fees for each session must be collected prior to services rendered and before making any additional appointments. Acceptable methods of payment are cash, check, debit and credit card.

### **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

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 that 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**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel that I'm in violation of any of these code of ethics. I abide by the ACA Code of Ethics. <a href="https://www.counseling.org/knowledge-center/ethics/code-of-ethics-resources">https://www.counseling.org/knowledge-center/ethics/code-of-ethics-resources</a>

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:	
Counselor:	Date