

**LCMHCA Professional Disclosure Statement**  
**Kelli Pinion, M.Ed (1225035), LCMHCA ( A16540)**  
**E-mail: kpinion2@gmail.com**

**My Qualifications**

My name is Kelli Pinion. I received a M.Ed in School Counseling from Liberty University in 2018. I also received post graduate credits from Montreat College in Mental Health Counseling. I am a State of North Carolina Professional Educator licensed School Counselor (1225035) and have worked as such for the past 3 years.

**Restricted Licensure**

I am currently pursuing licensure as a Clinical Mental Health Counselor Associate in North Carolina (prior to LCMHCA being issued). Currently, I am under the supervision of Dr. Laura Harbeson. If you have any questions, please reach out to her using the information provided below:

**Laura Harbeson, PhD, MS, NCC, NCSC, LCMHCS**  
**Creative Counseling & Learning Solutions, PLLC**  
**CCLS Family Services**  
**(980) 581-8144 - Office**  
**(980) 581-8148 - Fax**

**Counseling Background**

As stated previously, I have worked as a school counselor for 3 years. Working independently with elementary ages (K-5<sup>th</sup> grade) for two years before working in high school for one year. During my time with elementary I utilized structured groups for impulse control, behavior modification, grief counseling and stress management. I have aided in suicide prevention plans as well as goal setting, career planning and mindfulness activities. My counseling services focus on CBT therapy as well as person centered, and solution focused brief therapy counseling.

**Session Fees and Length of Service**

For organizations with which I may be affiliated, cost per session, accepted insurance, and payment methods will be provided prior to the first appointment. Please contact the organization directly if you have any questions about insurance or payment options.

I charge \$180 for a 55-minute individual session and charge \$200 for initial evaluations. If that rate presents a financial hardship, I do offer a limited number of sliding scale slots for which will be adjusted depending on what best fits your budget. If we decide to move forward with a sliding scale, we agree that you will pay \$\_\_\_\_\_ per session. Please do not allow finances to be the reason you do not seek mental health services. I will do my best to find a compromise that is tenable for your circumstances.

I do accept a limited number of insurance(s) where the fees will be adjusted in accordance to the insurance's negotiated rate for services provided. Please inquire regarding specific costs associated with each insurance provider as costs vary.

Up to 2 missed appointments can be charged at \$50 each unless canceled at least 24 hours in advance. A third missed appointment can be billed at the full rate of \$180. After 3 missed sessions, or sessions canceled less than 24 hours before the scheduled appointment, I reserve the right to terminate our professional counseling relationship.

**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. However, as stated before, privately I do not offer insurance reimbursement.

**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 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 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](mailto:Complaints@ncblcmhc.org)

**Acceptance of Terms**

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

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

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Kelli Pinion, M.Ed, LMCHCA, A16540)