

LCMHC Professional Disclosure Statement  
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Hello and welcome!

Please read through the following document in order to better understand the services I provide and what you can expect from our therapeutic relationship. I want to honor the courage that it takes to seek counseling services and thank you for coming in today. I look forward to working together to determine how we can best meet your goals.

### **My Qualifications**

I hold a Master's degree in Professional Counseling from Liberty University, where I graduated in 2016. I also hold a Bachelor's degree in Human Services that I obtain in 1996 from Wingate University, and have counseled in that capacity for almost 5 years. I am a Licensed Clinical Mental Health Counselor (LCMHC #12947) approved by the North Carolina Board of Licensed Clinical Mental Health Counselors and have served over 4 years post licensure. I have worked in the mental health field for over 10 years.

### **Counseling Background**

My background includes behavioral modification work and facilitating grief and loss groups with troubled children and adolescents in a psychiatric hospital. Most of the individuals at the psychiatric facility with whom I worked were adolescent struggling with life transitions, substance abuse and sexual health issues. As part of my Master's degree, my counseling practicum as well as my counseling internship was completed at a counseling agency providing counseling services, where I counseled children, adolescents and adults. As a Licensed Clinical Mental Health Counselor, I have worked with a wide range of people with various life issues.

While my counseling approach is eclectic allowing me to use elements from many different approaches based on the needs of your unique situation, the majority of techniques used will be cognitive-behavioral in nature. Our feelings and behavior grow out of our beliefs, so when those feelings or behaviors are bothersome, they can often be traced back to hidden beliefs which may be unhelpful to the individual. These beliefs may even contradict that person's acknowledged belief system. Identifying those beliefs and reframing them into a more helpful version may be necessary to promote lasting change.

### **Session Fees and Length of Service**

Sessions are typically 45 minutes to an hour. Cash, credit card, debit card, and checks are accepted for the co-pay as stated on your insurance card. Clients will be informed if I am currently unable to accept their insurance. I do not accept Medicare. A claim will be filed with your insurance company. You are responsible for any unpaid claims by our insurance provider.

If the client is self-pay: \$195 for the initial assessment  
\$185 for 60 minutes session  
\$150 for 45 minute session  
\$110 for 30 minute session

All missed appointments with less than 24-hour notice are subject to be charged \$50.

### **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 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. At times it may be necessary to discuss our sessions with my supervisor so that I may provide to you the best possible care, so my supervisor may become aware of anything you communicate to me during our sessions.

### **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  
PO Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

### **Acceptance of Terms**

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

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

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_