

| INFORMED CONSENT FOR COUNSELING |

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/ LCMHCA: *North Carolina Licensed Clinical Mental Health Counselor Associate*

/ License #: A23443

/ Beginning our work together

Therapy is a collaborative process. We will begin with what brings you here, what you hope might change, and what feels important for me to understand about your experiences. This document explains the counseling process and your rights. Please read it alongside my Professional Disclosure Statement, Notice of Privacy Practices, and Practice Policies. We will review your questions together before beginning services.

/ What counseling may involve

Counseling may include exploring emotions, relationships, patterns, memories, beliefs, and physical responses. We may also practice skills or use creative and visual tools to support understanding. My approach is relational, trauma-informed, and neurodiversity-affirming. The approaches we use will depend on your needs, preferences, and my training and scope of practice. We will discuss any specialized intervention before beginning it. You do not need to share every detail of a difficult experience to participate in therapy. You may ask questions, decline an exercise, request a pause, or tell me that an approach does not feel helpful. We can discuss adjustments to pacing, communication, sensory conditions, and accessibility.

/ Possible benefits and risks

Counseling may help you understand your experiences, develop ways of responding to distress, strengthen relationships, and make meaningful changes. Progress varies, and a particular outcome cannot be guaranteed. Therapy can also bring uncomfortable feelings, memories, physical sensations, or changes in relationships. At times, you may feel more aware of distress before you feel relief. Please tell me when the work feels overwhelming so we can consider pacing, support, or a different approach. Alternatives may include another form of counseling, another provider, group support, medication evaluation, or a different level of care. You may also choose not to begin or continue counseling.

/ Assessment and diagnosis

We may use conversations, questionnaires, and other appropriate assessment tools to understand your concerns and guide treatment. When clinically appropriate, I may document a mental health diagnosis. A diagnosis becomes part of your clinical record and may be shared with an insurer when insurance is used. You may ask about the meaning of a diagnosis, how it was determined, and its potential implications.

/ Confidentiality and clinical supervision

I protect the privacy of your counseling information. My Professional Disclosure Statement and Notice of Privacy Practices explain confidentiality and its limits. Exceptions may include legally required reports of suspected child abuse, neglect, or dependency; abuse, neglect, or exploitation of a disabled adult who meets reporting criteria; disclosures permitted or required to address serious safety concerns; a legally sufficient court order; and other disclosures permitted or required by law. A subpoena is not automatically the same as a court order.

As a Licensed Clinical Mental Health Counselor Associate, I practice under clinical supervision. My supervisor's name and contact information are provided in my Professional Disclosure Statement. Relevant clinical information may be reviewed in supervision to support your care, subject to confidentiality obligations. This consent does not authorize recording sessions or unrestricted disclosure of your information. Separate permission will be requested when required.

/ Records and communication

I maintain a clinical record documenting services, assessment, treatment goals, and progress. Information about record access, corrections, and authorized disclosures is provided in the Notice of Privacy Practices. Please contact me between appointments using the phone number or email address provided by the practice. I generally respond within two business days. Email and text may carry privacy risks, so please limit messages to scheduling and other administrative matters. Messages are not monitored continuously and should not be used for emergency help. My usual response time is two business days. Ordinary email and text may carry privacy risks, so sensitive information should be shared through the agreed secure method when available. Messages are not monitored continuously and should not be used for emergency help.

For immediate danger or a medical emergency, call [911](#) or go to the nearest emergency department. For suicide or mental health crisis support in the United States, call or text **988**. We will develop a more individualized safety plan when appropriate.

/ Fees and additional agreements

Session lengths, fees, payment arrangements, and cancellation policies are described in my [Professional Disclosure Statement](#) and Practice Policies. Telehealth, couples or family counseling, and certain specialized services may require additional discussion and consent. Applicable Good Faith Estimates are provided separately.

/ Your choices and ending services

You may ask questions, discuss concerns, request another approach, or withdraw consent for future counseling at any time. When possible, we will plan the ending of therapy together and discuss continued support or referrals. I may recommend a transfer when your needs exceed the services I can appropriately provide. Any ending or interruption of care will consider your clinical needs and applicable continuity-of-care obligations.

/ Consent and acknowledgment

By signing below, I acknowledge that:

1. I have received this consent form and the counselor's [Professional Disclosure Statement](#).
2. I have had an opportunity to ask questions and receive explanations.
3. I understand the potential benefits, risks, alternatives, and limits of confidentiality.
4. I understand that my counselor practices under clinical supervision.
5. I understand how to contact the practice and seek urgent help.
6. I voluntarily consent to counseling and may withdraw consent for future services.