

LCMHCA Professional Disclosure Statement

Mallory Smith, M.Ed. Counseling and Development

My Qualification

I currently have a Master of Education from Winthrop University in Counseling and Development with a concentration in clinical mental health counseling as of May 2023. I have completed 680 hours of supervised service with over 275 hours of direct service with clients. These hours were completed at a CACREP-accredited university. I have been practicing for 1.5 years. In addition, I practice in full adherence to the APA Code of Ethics and Principles and the American Counseling Association (ACA).

Restricted Licensure

I am a Clinical Mental Health Counselor Associate in North Carolina (LCMHCA) and will be under the supervision of Cyd McDaniel (C008607).

Counseling Background

All therapeutic services provided are evidence-based practices. I fully adhere to the APA Code of Ethics to protect clients and ensure services are ethical and safe. I have had experience providing both individual counseling and psychoeducational group experiences. I have served a range of individuals including those ages eight years old to 60+. I have had the opportunity to utilize a range of techniques and theoretical orientations including cognitive behavioral therapy, acceptance and commitment therapy, elements of dialectical behavioral therapy, solution-focused brief therapy, person-centered therapy, and multicultural counseling.

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 a “disorder” 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 will be considered 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 someone else (including child abuse or abuse of a vulnerable adult), 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

Acceptance of Terms

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

Client: _____ Date: _____
Counselor: _____ Date: _____