

## **LPCA Professional Disclosure Statement**

**Kelly K. Jerome, MS, LCPA, CRC, NCC**  
**Licensed Professional Counselor Associate**  
**kjeromenc@gmail.com ~919-533-9377**

Thank you for considering my counseling services. I am pleased and honored to have the opportunity to work together. In order to help you make an informed decision, I have prepared this statement of my background and the nature of our professional relationship for your review. Please read this statement in its entirety and sign in the space provided. If you have any questions or concerns or would like for me to read through this with you, I am happy to do so.

### **Qualifications and Counseling Background**

I received a master's degree of science in Clinical Rehabilitation and Mental Health Counseling from the University of North Carolina at Chapel Hill in 2017. I am currently a Licensed Professional Counselor Associate in North Carolina (A13568) as approved by the North Carolina Board of Licensed Professional Counselors (NCBLPC) in addition to being a National Certified Counselor (NCC) endorsed by the National Board of Certified Counselors (NBCC) and Certified Rehabilitation Counselor endorsed by the Commission on Clinical Rehabilitation Counseling (CRCC).

*Restricted License:* Part of the requirements as I work toward full licensure in the State of NC is that I am currently under the supervision of Dr. Chadwick Royal, PhD, LPCS. Dr. Royal works at 106 S. 4<sup>th</sup> St. Suite 4 in Mebane, NC 27302 and can be reached at 336-784-0697.

My experience as a counselor consists of providing private practice counseling and therapy services for adults since late December 2017, and 1 year as an intern and practicum student at the UNC Memorial Hospital Transplant Clinic working with adults before and after kidney and liver transplantation. Additionally, I worked for four months as a Rehabilitation Counselor with the State of NC Department of Health and Human Services assisting adolescents with physical, emotional, and developmental disabilities to establish a career path, obtain employment, or attend post-secondary training.

Prior to my graduate education I worked with children and families since 2010. I completed my bachelor's degree in Psychology at Purdue University and my internship was at an emergency residential facility for children, assisting a master's level counselor in providing therapeutic interventions to children in crisis.

### **Theoretical Approach and the Counseling Process**

Taking an evidenced-based, client-centered, and existentially-informed approach, I aim to provide a safe and supportive space where we can collaborate and work at your own pace to help

you reach your goals. My philosophy of counseling is based on the belief that you possess the power to change, and that it is my role to help you become aware of how to understand and utilize that power. I feel that the counseling process is a collaborative relationship between counselor and client, and that you are the expert in your own life. I work with individuals from a variety of backgrounds on issues including depression, anxiety, stress, trauma, relationship challenges, grief and loss, career transitions, and other mental health and life concerns. My approach involves the integration of cognitive-behavioral therapy (CBT), person-centered therapy, acceptance and commitment therapy (ACT), and existential therapy to empower you to challenge internal thinking processes to motivate positive change. CBT emphasizes the idea that a person will experience difficulties in life based on perceptions of the events that have occurred. Though each person will experience hardship and difficulty, I believe that problems with emotions and behaviors are generally a result of how one thinks and feels about the situation. Person-centered therapy utilizes the approach that each person is unique, valued, and worthy of unconditional acceptance. ACT emphasizes acceptance of uncomfortable feelings or thoughts rather than struggling with or rejecting them, allowing change to occur. ACT includes teaching coping skills such as mindfulness and relaxation techniques. From existential therapy, the framework of making sense of life, clarifying values, dealing with freedom and responsibility, making choices, finding values, and coping with guilt and anxiety helps to provide insight into issues of purpose and a transitioning life course. This approach brings about effective long-term results, for the reason that the client discovers how to utilize his/her own inner strengths and gifts rather than having to rely on someone else for solutions to life's difficult issues. In addition, I am comfortable with exploring meaning in one's life and discussing difficult issues that may inhibit a richer, more meaningful life. When working with grief, my approach integrates CBT, complicated grief therapy (CGT), and existential therapies. Together, these evidence-based techniques focus attention on confronting pain while also restoring supportive relationships and self-care.

As part of my role as a Licensed Professional Counselor Associate, I may have my supervisor, Dr. Chadwick Royal, PhD, LPCS, observe the counseling sessions live, via video and/ or voice recording. I need your permission to allow him to observe the counseling and to discuss your case during supervision in order to provide you with the best service possible. As a counseling professional, he will hold all information about you in strictest confidence, and the recordings will be destroyed after they are reviewed.

*Physical Health:* In order to better serve your needs, I strongly recommend that you have a complete physical examination if you have not had one in the past year to rule out any medical complication that may be contributing to your mental health needs. Also, please provide a list of medications that you may be taking as well as medical conditions.

*Client Responsibilities:* Your commitment to the counseling process indicates that you agree to make a good faith effort at personal growth and to engage in the counseling process as a priority at this time in your life. You agree to complete assignments given or discuss any reasons for resistance. Clients coming from another therapist must first terminate with that therapist. I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make any specific decision.

*Session Fees and Length of Service:* Initial intake and assessment sessions are typically 60-75 minutes. Subsequent therapy sessions are normally 50-55 minutes, and depending on the nature of the presenting problem, sessions are usually one time per week. It is difficult to predict how many sessions will be needed. I will be better able to discuss the probable number of sessions after we have completed the first two interview/intake sessions.

Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled by phone or email Monday through Friday. 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 at the end of the session and before making additional appointments. Intake/Assessment fees are \$90/session and subsequent fees are \$80/session. If that rate presents a financial hardship, I do offer a limited number of sliding scale slots through Open Path Collective. If we decide to move forward with a sliding scale option, we agree that you will pay \$\_\_\_\_\_ per session. Acceptable methods of payment are cash, check, credit, or debit card. I can provide an invoice for services for you to submit to your insurance company for reimbursement.

*Use of Diagnosis:* If it seems like you may meet criteria for a mental health diagnosis, we will talk about it together and determine the best course of action to provide you with relief and create positive change. Some health insurance companies will reimburse clients for counseling services and some will not. Those that do reimburse often require a diagnosis of a mental health condition before they will agree to cover services. Some situations for which individuals seek counseling services do not qualify for reimbursement or diagnosis. If a qualifying diagnosis is appropriate in your case, I will inform you before we decide to submit the diagnosis to your health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Risks**

There are potential risks with the counseling process. As we explore areas of concern, you may have feelings of sadness, grief, loneliness, shame, guilt, helplessness, anxiety, anger, or frustration. If you do, please know this is a natural response but is generally impermanent. Sometimes even with our best efforts, there is a risk that therapy may not work out well for you. I will attempt to inform you of potential risks specific to our work. Despite these risks, my goal will always be in your best interest.

### **Confidentiality**

All of our communication becomes part of your 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: 1) you express intent to harm yourself or someone else 2) there is a reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older) or dependent adult, 3) a subpoena or other court order is received directing the disclosure of this information or 4) I am working collaboratively with my supervisor. Otherwise, I will not give information about you without your full knowledge and a signed consent for release of information specifying exactly what is to be released and to whom.

I will respect your confidentiality outside the counseling session. For example, if I see you in a public place I will not acknowledge you unless you acknowledge me first.

**Emergency Situations**

Since I provide outpatient diagnostic and psychotherapy services only, I cannot guarantee 24/7 availability. After hours, you may leave a voice mail at 919-533-9377 and I will return your call as soon as possible. If you should experience an emotional or behavioral crisis, and I cannot be immediately reached by telephone, you can contact a local medical or psychiatric hospital, or call 911, or 1-800-273-TALK (8255)

**Questions or Complaints**

You may have questions about me, my qualifications, the therapy process, assessments, fees, or something that has not been addressed in previous paragraphs. It is your right to have a complete explanation for any of your questions at any time. Also, clients are encouraged to discuss any concerns with me. I abide by the American Counseling Association Code of Ethics, which can be found online at <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>. If you believe that I am in violation of these ethical standards, I encourage clients to discuss any concerns with me, but if you wish to file a complaint, you may contact my supervisor Dr. Chadwick Royal, PhD, LPCS at (336) 684-0697. If you have a complaint that you believe requires outside intervention, you can contact North Carolina Board of Licensed Professional Counselors, PO Box 77819, Greensboro, NC 27417; 844-622-3572; fax 336-217-9450; LPCInfo@ncblpc.org.

**Acceptance of Terms**

We, the undersigned, have read, discussed together, and fully understand and agree to the contents of this disclosure statement. The client has retained Kelly K. Jerome, Licensed Professional Counselor Associate, to provide psychotherapy. It is expressly understood that Kelly K. Jerome has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Kelly K. Jerome shall be obligated to maintain a reasonable standard of care in accordance with the ACA Code of Ethics for Professional Counselors. The client agrees that all fees shall be due and paid at the time of treatment, and to pay for uncanceled appointments or those where the client fails to give enough notice that he/she will not attend, and monies not paid over two sessions will result in ceasing therapy until the balance is made current. By signing below, I consent to counseling and understand the risks, benefits, procedures, and limitations of mental health counseling as described above. All of my questions have been answered to our satisfaction.

Client Printed Name

Kelly Jerome Signature/Date

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Client Signature/Date

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