

# LCMHCA Professional Disclosure Statement

## Christian Counseling Associates of Raleigh

[www.ChristianCounselingOfRaleigh.com](http://www.ChristianCounselingOfRaleigh.com)

**Rick McKoy, M.A., LCMHCA**

**Email: [rickmckoy25@gmail.com](mailto:rickmckoy25@gmail.com)**

**Phone: 919-260-5830 office**

---

### **My Qualifications**

I received a Master of Arts Degree in Professional Counseling in May, 2016 from Liberty University, Lynchburg, Virginia and was licensed by the State of North Carolina in September, 2016. I have also had over 30 years of experience in marriage ministry as a teacher, trainer, coach and mentor.

### **Restricted Licensure**

I am currently a Licensed Clinical Mental Health Counselor Associate pursuing full licensure as a Licensed Clinical Mental Health Counselor in the state of North Carolina. I am under the licensure supervision of Cindy Noble, LPCS. She can be reached at 919-414-6856 or [chnoble88@gmail.com](mailto:chnoble88@gmail.com).

### **Counseling Background**

My academic and experiential training has been primarily working with couples, adults and adolescents. Within these populations of clients I have training and experience in mood disorders, life adjustments, relationships and career development. My primary areas of interest are in marriage, premarital, life adjustments and career counseling. My education and training has been based on an "integrated" theoretical practice and approach, drawing from the best practices of counseling theories as well as from a Biblical worldview. "Cognitive-Behavioral Therapy," "Emotionally-Focused Therapy," "Motivational Interviewing", "Client-Centered", "Behavioral Activation" and Gottman principles are the theories and practices I have had the most experience in.

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

Sessions are 50 minutes in duration. In return for a fee of \$130 per session (or \$230 for a two hour session) I agree to provide counseling services for you. This fee may be paid with cash, check (Christian Counseling), credit card or HSA account. Payment should generally be made at the end of every session in the offices of Christian Counseling Associates of Raleigh. I provide clients with a receipt complete with a diagnosis code after each session that shows verification of payment and may be used in seeking reimbursement of fees paid. **Other charges: If our office is requested to provide a written or verbal phone report, copies of files or court deposition our minimum fee is \$200 and \$200 for each additional hour involved (billed in 15 minute increments) to be paid in advance.**

### **Missed Appointments**

\_\_\_\_\_ (Initial) If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. If we do not receive such advance notice, you will be responsible for paying \$75 for the first missed session and full fee for any future missed session. We will also request pre-payment for the next session scheduled. If you miss a scheduled visit, and you do not call our office within seven days to reschedule, we will accept that as your notice that you have terminated this agreement and further counseling.

### **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 exists 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 to the health insurance company. Any diagnoses made will become part of your permanent insurance records.

### **Dual Relationships**

Although our sessions may cover very personal material, it is important for you to realize that we have a professional relationship rather than a social one. I will only be able to provide counseling within our sessions and not by phone, email or text. Our contact will be limited to scheduled office visits. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate strictly on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

### **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible upon request. I will keep confidential anything you say as a part of our counseling relationship, with the following exceptions: (a) review and consultation as required under supervision by the North Carolina Board of Licensed Professional Counselors, (b) you direct me in writing to disclose information to someone else, (c) it is determined you are a danger to yourself or others (including child or elder abuse, or (d) 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 Professional 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**

**Please initial and sign. By signing I am agreeing to the following:**

\_\_\_\_\_ (initials) I understand and agree to this Informed Consent.

\_\_\_\_\_ (initials) I acknowledge receipt of HIPAA Privacy Laws (on CCAR website)

\_\_\_\_\_ (initials) I agree to the Consent for Telecounseling (on CCAR website)

**Therapist Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Client's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Client's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_