



Professional Disclosure Statement

Kayla Chilton, MA, LCMHCA

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The purpose of this statement is to inform you of my credentials, the professional services that I offer, my fee schedule, and therapeutic orientation. This document is part of the Standards of Practice of the North Carolina Board of Licensed Clinical Mental Health Counselors. Please read this before signing on the last page.

Education and Credentials

Master of Arts in Clinical Mental Health Counseling, Grace College, IN, 2020
LCMHCA licensure in NC- A20076

My Qualifications

I hold a Master of Arts (2020) in Clinical Mental Health Counseling from Grace College in Winona Lake, Indiana. I currently hold an LCMHCA license as a Clinical Mental Health Counselor Associate in North Carolina. I have one year of professional experience working with children, adolescents, and adults as a Licensed Clinical Mental Health Counselor Associate.

Restricted Licensure

I am currently licensed as a Clinical Mental Health Counselor Associate in North Carolina. I am under the supervision of Dallas Johnson, MS, LCHMCS, NCC, who may be reached at (336) 827-0089, Dallas@aspenmentalhealth.com, or 14072 Elkin Hwy 268, Ronda, NC 28670.

Counseling Background

I have experience working with adults, adolescents, children, couples, and groups. I have worked with issues such as grief, depression, anxiety, personality disorders, relational issues, emotional regulation, self-harm, codependency, and life transitions. My personal theoretical orientation stems from Cognitive Behavior Therapy (CBT), where I help my clients identify, examine, challenge, and restructure unrealistic and negative thoughts or beliefs. While working with clients, I emphasize the therapeutic alliance that is built between counselor and client through positive regard, empathy, acceptance, transparency, and empowerment.

Session Fees and Length of Service

I primarily offer individual counseling sessions. Intake sessions typically last 90 minutes. Subsequent counseling sessions are generally 45 to 60 minutes in length. You may choose to end your counseling services with me at any time. Fees may be paid with cash, check, or card. Payment is due at the beginning of each session. Initial intakes are \$190.00 and counseling sessions are \$165.00 per session.

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 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. I will at times be sharing aspects of your case with my supervisor. Supervision is required while I am pursuing my LCMHCA licensure. At no time will I disclose your name or any personal identifying information. I will ask for your permission to videotape or audiotape our sessions for the purpose of being reviewed with supervision purposes. All tapes are immediately destroyed after being reviewed. Regardless of whether you consent to videotaping or audiotaping, I will still provide counseling services to you. You may revoke your consent at any time for videotaping or audiotaping 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 violated 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: _____