

Professional Disclosure Statement

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Argenta Counseling, PLLC
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Thank you for the opportunity to work with you as we build a therapeutic relationship based on mutual respect, trust, and authenticity. As we begin our work together, I would like to discuss the contents on this document as it serves to inform you of my background, understanding the nature of our professional therapeutic relationship, your rights and responsibilities as a client, and office policies and procedures. Please read this document to achieve mutual understanding about the provided counseling services. If you have further questions today or in the future, please bring them up and together we will discuss your questions or concerns. In particular, please take note of the sections below on confidentiality.

At Argenta Counseling, PLLC you have the right to professional counseling services consistent with the standards of the American Counseling Association (ACA). You have the right to understand the professional training and credentials of your counselor (see below). You have the right to individual privacy, dignity, and compassion. You will not be discriminated against on the basis of race, ethnicity, religion, gender, nationality, age, sexuality, socioeconomic status, or ability.

My Qualifications

I am pursuing my license as a Licensed Clinical Mental Health Counselor Associate. I completed my Master's degree in Clinical Mental Health Counseling in December 2024 at Wake Forest University. I have a Bachelor of Science degree in Psychology from the University of Michigan, Ann Arbor.

I am qualified to counsel individual adolescents and adults, couples, families, and groups under the supervision of _____, LCMHCS from _____, who is an appropriately credentialed supervisor. I am trained in a variety of theoretical approaches and counseling interventions.

Restricted Licensure

I am currently pursuing licensure as a Clinical Mental Health Counselor Associate in North Carolina. I am under the supervision of _____, LCMHCS from _____. To address your concerns or any other aspects of the counseling process, my current supervisor can be contacted at _____.

Counseling Background

I primarily work with older adults and their caregivers. As we work toward your goals and address your concerns, we will tap on your inner strength and build on skills that serve to empower you. As your therapist, I will support and guide but will follow your lead as you progress through the therapy. Some clients need a few sessions to work on their presenting concerns and achieve their goals, while others may require months or years of a therapeutic relationship. To best serve your unique needs the frequency and number of sessions will be discussed in our first meeting and evaluated ongoing as

needed.

My theoretical orientation is eclectic and adapted to your needs, but I draw on theories and interventions from Cognitive Behavioral Therapy, Person Centered Therapy, Solution Focused Therapy, Mindfulness and Acceptance & Commitment Therapy. I view counseling as a vehicle for promoting holistic health including but not limited to cognitive, emotional, social, spiritual, and physical aspects of wellness.

Depending on your needs, I may introduce techniques including but not limited to mindfulness, acceptance & commitment, emotion focused, breath exercises, relaxation techniques and more. We will collaborate to find what is most helpful for you including out-of-session activities, “homework.” Though we will attempt to work toward positive outcomes, there is no guarantee of positive outcomes in the counseling process. There are important risks and challenges to be aware of in therapy. It is important for you to know that sometimes participation in therapy involves the exacerbation of symptoms, though the hope is that you will see improvement. Simply put, clients often feel worse before feeling better. You may discover that you have painful thoughts or feelings about people or situations of which you were previously unaware. You experience something, or have had experiences in the past, that require reconciliation, and sometimes that process can be difficult, uncomfortable, and tiring.

This discomfort is partially responsible for “resistance” that many clients experience at various stages of counseling. Resistance is usually a healthy, normal response to potential change, often signaling an opportunity for growth and healing. For instance, resistance may show up as thoughts like “I am too busy”, “I can’t change anything” or “This is just the way I am”. In choosing to acknowledge resistance, you choose to expand your opportunities for healing and growth.

Session Fees and Length of Service

Argenta Counseling, PLLC counseling service is offered at (address TBD). Counseling sessions last 50 minutes and are \$100 per session. I accept cash, check, Mastercard, and Visa.

If you must cancel your appointment, please do so promptly so that your appointment time may be given to someone else.

If I need to cancel, I will make every effort to inform you of the necessity to cancel an appointment as quickly as possible. Inclement weather, illness or other emergency may necessitate rescheduling and every effort will be made to reschedule within one week. I will inform you at least one week in advance of scheduled vacations. When I am out of town or otherwise unavailable, you may leave a message at _____.

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 counseling services are provided in compliance with NC confidentiality laws, the NC Board of Licensed Professional Counselors and the ethical standards of the National Board of Certified Counselors, and the American Counseling Association. Everything discussed in counseling sessions is voluntary and confidential. Our communications become part of your clinical record, which may be accessible to you upon request. A combination of physical and electronic clinical records are used. All electronic records are stored in a secure on-line platform. These records include but are not limited to contact record, case notes, diagnosis, and copies of all new client forms. The information you share is considered to be confidential and will not be shared with anyone outside the office without your written consent, with the following exceptions:

- Evidence of possible abuse or neglect of a minor or dependent adult,
- Evidence of possible danger to the client or identified others,
- Evidence of possible danger of contagion of life-threatening diseases,
- A court order for disclosure,
- Involvement of a DSS worker or guardian ad litem, and
- A request for information from the parent of a minor.

Please note that in sessions with multiple clients (e.g., couples, families, groups) confidentiality cannot be guaranteed.

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: _____