

## LCMHC Professional Disclosure Statement

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### **My Qualifications**

In 2018, I received my M.A. in Clinical Mental Health Counseling from the Chicago School of Professional Psychology. I currently hold an unrestricted Licensed Clinical Mental Health Counselor [LCMHC] license #14475 in the state of North Carolina, and I am National Certified Counselor [NCC]. I have been professionally practicing since November 2018.

### **Counseling Background**

Currently, my counseling experience has focused on substance abuse and outpatient behavioral health population. I am foundationally trained in the Dialectical Behavioral Therapy [DBT] approach to counseling. I also have basic training in Acceptance and Commitment Therapy [ACT] and Registered Behavioral Therapy [RBT] approaches. I also have training and experience offering telehealth services to clients with substance use and mood disorders. My counseling style focuses on individual differences and developmental stages of each client. I believe it is important to demonstrate respect for the client's beliefs, customs, and values. I am especially competent in working with clients from the LGBTQ+ community and consider myself an ally. I continue to strive towards gaining knowledge and building my counseling competence in a variety of therapeutic approaches.

### **Session Fees for Self-pay/out of network and Length of Service**

- Counseling session will last 50 minutes.
- If you should arrive more than 15 minutes late, you will need to reschedule your appointment. You are responsible for notifying me should you need to cancel your appointment, reschedule, or will be running late for a session. Cancellations or rescheduled appointments should be done so with 24 hours' notice. Missing appointments without a 24hr notification will result in a full session fee (\$95). Should you continually No Show or cancel appointments you may be subject to termination.
- The 50-minute therapy session will be billed at \$95. Should client request an 80-minute session to include parent, family, or spouse/partner/significant other session will be billed at \$142.50. Parent/Guardian can request a 50-minute session without client (child) present to be billed at \$95.
- DBT: 50-minute individual therapy session will be billed at \$95 (reimbursable or billable through insurance) and 90 minute/24-week psychoeducational skills group course (not reimbursable by insurance) will be billed at a one-time fee of \$1200 for adolescents. 8-week Family Support Course (for up to 2 support persons) will be billed at a one-time fee of \$400 by Sharon Rimland.
- Limited number of sliding scale clients are accepted via Open Path Collective at a rate of \$45-\$60 a 50-minute session to be discussed at intake.
- Payment will be accepted through the Simple Practice Portal. A current credit card or FSA/HSA card must be kept on file and will be auto-billed between midnight-3am after your appointment. For self-pay/Out of network clients, a copy of your invoice [Superbill] will be provided to you

for self-submission/reimbursement. Please note that your insurance provider may not cover out-of-network providers such as myself and you may be denied reimbursement for your out-of-pocket cost.

- Legal proceedings \$250 preparations + \$250 per hour (calculated incrementally)
- Administrative Support (letters, reports, etc.) \$95 per hour (calculated incrementally)

### **Insurance**

- I am currently billing insurance through Headway. You are responsible for signing up with Headway and providing the information required. Please inform me during your consultation appointment that you wish to pay via your insurance provider, and I will send you and email to sign up to be billed via Headway.
- At this time, the following insurance providers are accepted via Headway: Blue Cross Blue Shield of North Carolina, Cigna, Aetna, United Healthcare, Oxford, and Oscar Health. Reimbursement rates and co-pays are set by each individual insurance company. You are responsible for contacting your insurance provider to confirm your mental health counseling benefits; they will advise you of your benefit coverage including copayments or coinsurance.
- If you plan to pay via insurance at any point, you will be required to complete a more thorough intake during your first session so that I may provide a reasonable diagnosis which is required to bill your insurance provider.
- If you should arrive more than 15 minutes late, you will need to reschedule your appointment. You are responsible for notifying me should you need to cancel your appointment, reschedule, or will be running late for a session. Cancellations or rescheduled appointments should be done with 24 hours' notice. Missing appointments without a 24hr notification will result in Headway charging you a \$95 fee. Should you continually No Show or cancel appointments you may be subject to termination.
- Please Note the Adolescent DBT skills course and Family Support course are not covered by insurance.

### **Services Offered and Populations Served**

I currently provide telemental health services, such as telephone and video supportive counseling, to individuals regarding issues such as depression, anxiety, grief, stress, sexuality, life transitions, gender, relationships, family, work, and substance abuse.

Telemental health means, in short, provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media. Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others. I currently use Simple Practice and Google Voice to deliver services.

North Carolina Board of Licensed Clinical Mental Health Counselors “has confirmed that it has no separate view per se with regard to the provision of services via electronic means as long as a licensee is practicing in a manner consistent with his/her training and experience, is receiving supervision as is appropriate, and the medium for doing so is not an issue” (Provision of Services via Electronic, Distance Professional Counseling Services, and Supervision, February 2, 2017).

- You will need access to the certain technological services and tools to engage in telemental health services (Internet, web browser, etc.).
- Telemental health has both benefits and risks, which you and I will be monitoring as we proceed with our work.
- It is possible that receiving services by telemental health will turn out to be inappropriate for you, and that you and I may have to cease work by telemental health.
- You can stop work by telemental health at any time.
- You will need to participate in creating an appropriate space for your telemental health sessions.
- I follow security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy.

Although it is well validated by research, telemental health is not a good fit for every person. I will continuously assess if working via telemental health is appropriate for you. If it is not appropriate, I will help you find in-person providers with whom to continue services.

Please talk to me if you find the telemental health is not working for you and you feel you would benefit from meeting with someone in person. Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to me is often a part of the process. You also have a right to stop receiving services by telemental health at any time.

### **Diagnosis**

Some health insurance companies will reimburse clients for out-of-network counseling services and some will not. In addition, most 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.

Except where otherwise noted, I employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example, when communicating with me use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications. Another way you can protect your confidentiality is by not participating in online reviews of my services.

## **Minors**

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## **Social Media Policy**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites compromises your confidentiality and our respective privacy. It also blurs the boundaries of our therapeutic relationship. If you have questions about this, we can discuss further during session.

## **Recording**

Any recorded session will only be used for the purposes of clinical supervision and will be viewed by my clinical supervisor(s). The recording will be erased and destroyed after supervisory review or within 60 days. In order for the session to be recorded, both the counselor and the client must consent to the recording in writing and verbally. Clients should not record or take screenshots without counselor consent.

## **Risks and Benefits of Telemental Health**

- Receiving services via telemental health allows you:
- Receive services at times or in places where the service may not otherwise be available.
- Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
- Receive services when you are unable to travel to the service provider's office.
- The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider's ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

- Internet connections and cloud services could cease working or become too unstable to use.
- Cloud-based service personnel, IT assistants, and malicious actors ("hackers") may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.
- Computer or smartphone hardware can have sudden failures, run out of power, or local power services can go out.

## **Telemental Health Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask me for assistance.

## **Emergency Contact and Technology Failure**

In the event we lose contact via our Simple Practice video session, these are the following steps you should take:

1. Call my Office/Cell number at 984-664-1940 to continue our session telephonically.
2. If you cannot reach me by phone, email me at lpilcher@outlook.com so we may reschedule your session.

3. If you still cannot reach me and/or are not feeling safe at the time our session has come to an abrupt end, please refer to our written safety plan, call 911, or go to the nearest Emergency room.

### **Communication**

The best way to communicate with me between sessions is via the Simple Practice Portal or Call/Text 984-664-1940. You can expect to receive a response within 24 hours with exception to Sundays, Holidays, and previously communicated vacation time. I may not always be available to respond immediately.

### **Termination**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

### **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](mailto:Complaints@ncblcmhc.org)

### **Acceptance of Terms**

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

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_