Professional Disclosure Statement

Devin G. Leonard, MA, LCMHCA
Office: 336-818-0733
Fax: 336-818-0734
E-mail: devin.leonard.jpcs@gmail.com

Client Rights and Responsibilities

As a client, you have the right to choose a therapist who best suits your needs and purposes. Please be advised that you may ask questions about treatment at any time, and you may also choose to terminate therapy at any time by way of written statement.

My Qualifications

I graduated from Western Carolina University in 2015 with a bachelor's degree in Elementary Education and spent six years working as a teacher. After leaving public education, I worked for three years in adult education as a Basic Skills instructor at Wilkes Community College. In May 2026, I earned my master's degree in Clinical Mental Health Counseling from Lenoir-Rhyne University.

Restricted Licensure and Supervision

I am a Licensed Clinical Mental Health Counselor Associate (LCMHCA: A22960) in North Carolina. I am supervised by Dr. Elizabeth Coleman EdD, LCMHCA, NCC, NBCT, and she can be reached at 336-818-0733 or by email at elizabeth.jpcs@gmail.com.

Counseling Background

My goal as a counselor is to make a positive difference in the overall quality of my clients' lives. I believe everyone deserves to live up to their highest potential and in my work, I will strive to help my clients reach their therapeutic goals. I will put my clients first and aim to create a safe, respectful, and productive environment. In my sessions I will use a variety of strategies and resources with my clients and will typically take a Person-Centered and Cognitive Behavioral Therapy approach.

I enjoy working with a diverse population of clients on a variety of issues including depression, anxiety, trauma, grief, LGBTQ+ concerns, relationship issues and other life challenges. I have a special interest in working with women, specifically those struggling with postpartum mental health and parenting issues.

Session Fees and Length of Services

Your first session will last approximately one hour. Each subsequent session will last between 30 and 60 minutes. The fees/co-pay is due upon service and can be discussed with our office manager.

The billable fee for an intake session is $210.00. A 45-minute session is $165.00, and a 60-minute session is $195.00. Self-pay clients should speak with office staff concerning rates. Any requested letter is $45.00, and FMLA paperwork is $25.00. Insurance companies do not reimburse for letters or FMLA paperwork. Appointments will be scheduled at mutually agreed-upon times. If you have any questions

about billing or insurance, please contact the office. We accept cash, check, and credit card payments.

As a courtesy, we will bill your insurance company, HMO, responsible party, or third-party payer for you if requested. We ask that you pay your co-pay at each session. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due.

Cancellation
It is expected that your session will begin at the agreed-upon time. Any session that begins late due to late arrival (for any reason) cannot be extended beyond the agreed finish time. Please provide 24 hours notice should you need to cancel or reschedule your appointment. Frequent missed appointments will lead to additional charges that will not be covered by your insurance company or other third-party payers. Three missed appointments without prior notice can result in the termination of services (at the discretion of the counselor).

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, 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. These records include, but are not limited to, contact records, case notes, diagnoses, and copies of all new client forms.

Limitations of Confidentiality
The information you share is considered confidential and will not be shared with anyone outside of Jodi Province Counseling Services without your written consent, with the following exceptions:

- Information (diagnosis and dates of service) is shared with your insurance company to process your claims.
- If you and/or your child(ren) report physical or sexual abuse; then, by North Carolina State Law, your counselor is obligated to report this to the Department of Social Services.
- You sign a release of information to have specific information shared.
- You provide information that informs your counselor that you are in danger of harming yourself or others.

- ❖ Information necessary for supervision with a clinical supervisor.
- ❖ Required by court order.

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

In the event I see you in public, I will not acknowledge you unless you first acknowledge me in order to protect your confidentiality. Any public interactions should be kept to polite interactions and should not contain any information regarding your treatment.

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 Name (Please print & sign) Date

Client Guardian Name (Please print & sign if applicable) Date

---

Devin G. Leonard MA, LCMHCA Date