

## LCMHC Professional Disclosure Statement

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### **Qualifications**

I received my Master of Education degree in Mental Health Counseling and Human Development, through Lindsey Wilson College in 2015. I am an independently licensed Professional Clinical Counselor (LPCC) with a Supervisor Endorsement (E. 1800755-SUPV) in the state of Ohio. I have been a Nationally Certified Counselor (684571) through the National Board for Certified Counselors since 2016. I am a Registered Play Therapist (T5230) by the Association for Play Therapy, a Certified Integrative Mental Health Practitioner (CIMHP) (#123434), a Certified Autism Spectrum Disorder Clinical Specialist (ASDCS) (#688534), an ADHD Certified Clinical Services Provider (ADHD-CCSP) (#112644) and I am certified in Trauma-Focused Cognitive Behavioral therapy (Expires: 11/18/2025). Having obtained professional counselor licensure in February 2016, I have provided counseling services since this time. Prior to that, I practiced as a Counselor Trainee (2015) and had prior experience as a Chemical Dependency Counselor Assistant since 2014.

### **Counseling Background**

Beginning my work in the field centered on substance use treatment, I have had experience in counseling and providing case management services to clients seeking recovery. Additionally, I have extensive experience working in community mental health, with a focus on working with adults with developmental disabilities. Having practiced as a school-based counselor from 2017-2020, I have worked with child- and adolescent clients, with ages ranging from 4 years old to 19 years old. I have maintained an online private practice, serving clients residing in Ohio and since December 2020 (and North Carolina since 2022), and I have also worked in two university counseling centers, providing both in-person and remote counseling services.

I operate from a Constructivist theoretical orientation, which holds the perspective that an individual's understanding of their reality is constructed from lived experiences. Pulling techniques from Narrative Therapy, which emphasizes separation of the person from their problems, I work with clients to help them deconstruct personal narratives that are problematic or hindering in some way. I also utilize a Positive Psychology framework and incorporate strengths-based interventions in my clinical work. Because I specialize in working with neurodivergent individuals (e.g. autism, ADHD, learning differences), as well as trauma-informed care, I also emphasize polyvagal theory-informed practices focused on nervous system understanding and regulation. It is important for my clients to know that I am a neurodiverse-affirming provider, which means that I do not view brain styles, such as autism or ADHD, in a pathological lens; rather, I see the importance of embracing brain style differences and help my neurodivergent clients reach self-understanding as well as implement strategies to help them be successful and healthy. I am also a gender-affirming counselor and enjoy working with LGBTQIA+ individuals. As a Registered Play Therapist, I infuse play in my work with clients across all ages, and as a Certified Integrative Mental Health Practitioner, I incorporate evidence-based, holistic practices (e.g. yoga, mindfulness, nutrition) in my clinical work. I provide individual therapy, affirming autism assessments, and consultation services.

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

The length and frequency of counseling sessions will vary, depending on my clients' needs and goals. Typically, I will meet with a client for one hour each week, though when appropriate, the length and frequency may be adjusted, such as when the client progresses in their therapy goals. The cost for services is \$100 per hour of counseling. I do not currently have a sliding fee scale, and I do not accept insurance. I am able to provide a superbill, which is a receipt that once paid, the client can then submit to their insurance company for potential reimbursement. I accept credit card payments through a payment processing vendor called IvyPay, which is an encrypted payment system designed for small private practices.

### **Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services, while others will not. I am considered an out-of-network provider, as I am not paneled with insurance companies. In addition, most insurance companies 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, or you disclose abuse perpetrated against vulnerable populations (including child or elder abuse), or (c) 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>).

Ohio Counselor Social Worker & Marriage and Family Therapist Board  
77 S High St 24th Floor, Room 2468  
Columbus, OH 43215  
Phone: (614) 466-0912  
E-mail: [cswmft.info@cswb.ohio.gov](mailto:cswmft.info@cswb.ohio.gov)

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: \_\_\_\_\_

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