

# Professional Disclosure Form 2024

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*\* indicates a required field*

Natalia Torres del Valle, MA, LCMHC #14528, REAT #2104

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## Qualifications

I received my Master of Arts in Clinical Mental Health Counseling specializing in Expressive Arts Therapies in May 2018 from Lesley University. I received my Bachelor of Science in Elementary Education in 2010 from North Carolina State University.

## Licensure

I am a Licensed Clinical Mental Health Counselor (LCMHC) through the North Carolina Board of Licensed Clinical Mental Health Counselors and a Registered Expressive Arts Therapist (REAT) through the International Expressive Arts Therapy Association.

## Counseling Background

I have worked in multiple settings as an educator and expressive arts therapist including public schools, inpatient and residential hospital units, community centers, art museums, and private practice.

I am dedicated to helping individuals navigate their emotions, find their voice, and discover their true selves. I believe that the arts provide a powerful outlet for expression, allowing us to tap into our innermost thoughts and feelings.

In our sessions, I create a safe and inclusive space for individuals to explore their internal world. Through various art forms, such as painting, drawing, movement, and writing, we delve into the depths of their experiences, unraveling emotions that may

have been held tightly within. It's amazing how art can unlock profound insights and bring about understanding.

My approach is holistic and strength-based, tailored to meet the unique needs of each individual or group. I firmly believe that everyone has innate strengths and abilities waiting to be discovered, and I'm here to guide them on that journey towards wholeness.

## Confidentiality

All information shared during sessions is confidential. Some circumstances will result in a legally required breach of confidentiality. I will try to inform the client beforehand if confidentiality must be broken. I consider my clients' confidentiality of the utmost importance and will keep confidential anything you say as part of our counseling relationship.

However, there are a few rare circumstances in which I may be required to break confidentiality:

- (a) You give written permission to disclose information to someone else, such as another health professional, insurance company, or family member.
- (b) I determine that you are a danger to yourself or to others.
- (c) You disclose information that leads me to believe a child, disabled person or elderly person is being abused or neglected.
- (d) I am ordered by a court to disclose information. (In unusual cases a client's involvement in a custody or criminal dispute may lead to me receiving such a court order. A subpoena is not a court order. If I am served with a subpoena or court order, I will seek advice from a lawyer before submitting your records.)

If we see each other spontaneously outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it is most appropriate to refrain from engaging in any lengthy discussions in public or outside of the therapy office.

## Benefits, Risks, and Alternatives

I believe that the benefits of counseling are immense and will work to provide you with the highest quality service. Throughout the therapeutic process, you will use discussion and arts-based counseling practices to learn more about yourself, explore and better your relationships with others, and enhance your quality of life. This said, there are always risks involved. Counseling often includes exploring aspects of our lives that are difficult to address. I will work to contain the therapeutic space and act as a guide and witness as you do this important work. If, after the initial assessment

period, client/legal guardian and myself agree that therapy services are not in the client's best interest, they will explore alternatives together, and when needed/desired, work with school personnel or other therapists to find the best fit for the client.

## Effects of Counseling

The counseling process may yield deeper degrees of self-insight, self-compassion, and personal empowerment, a greater capacity for understanding and connection with others, and the acquisition of specific techniques or tools for dealing with challenging feelings or circumstances. Embarking on a counseling journey is also a brave undertaking that may challenge you at times. The counseling process may open up levels of awareness that could cause a wide range of emotions, including anger, guilt, resentment, anxiety, frustration, "stuck-ness", being overwhelmed, or fear, and the process of change can be a difficult one that could cause disruption or discomfort in your life. This discomfort may be instrumental in catalyzing personal growth and discovery. I will strive to provide a safe, welcoming, and nonjudgmental space for you to experience and process these feelings. Working through this discomfort at your own pace has the potential to yield very meaningful personal benefits. You always have the right to refuse to participate in certain therapeutic techniques or to ask that we pause, slow down, or take time to discuss what we are doing and why.

Given the nature of counseling, it is difficult to predict exactly what will happen in terms of therapeutic outcomes or to provide an estimate of the time required for a client to reach their personal goals. That being said, clients who are open to the process of change, are consistent with attending sessions, and are willing to work on goals outside of sessions tend to benefit the most from counseling and experience the most positive change. For some clients, working on goals might paradoxically mean being less goal-oriented with personal growth, focusing instead on self-acceptance practices and rest.

## Dual Relationships

A dual or multiple relationship exists when there is an additional relationship between client and counselor outside of the therapeutic relationship. Not all dual relationships are unethical or avoidable, especially in small communities. This said, dual relationships between therapist and client can sometimes compromise the therapy. For this reason, if an unavoidable dual relationship is present with a client, I will consider any potential harm to the client, and together we will discuss terminating one of the relationships if appropriate/necessary. If a therapeutic relationship must be terminated due to a complicated or unethical dual relationship, the therapist will provide appropriate therapeutic referrals to the client and their family.

## Technology and Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, my professional code of ethics does not allow me to 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 can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

If you choose to follow or interact with my social media (i.e. Instagram) you may put yourself at risk for breaching your confidentiality and privacy.

## Outdoor Sessions

**\* At times when the weather is nice, it is an option to have sessions outdoors. I cannot guarantee complete confidentiality during outdoor sessions and for this reason, ask that you consent or do not consent below.**

- I understand that since sessions are taking place outside, complete confidentiality and privacy cannot be ensured. With this understanding, I give consent for the therapist to provide outdoor sessions.
- I do not give consent for outdoor sessions.

## Client or Guardian Consent to Audio or Video Record: Child and Artwork

**\* You do not have to agree to this and you have the right to revoke this permission at any time (please do so in writing). Natalia Torres del Valle may photograph, videotape, or audiotape my child and their artwork for the following reason: -Individual or Group consultation with other mental health professionals (client's name changed or abbreviated)**

- I agree
- I do not agree

## Client or Guardian Consent to Audio or Video Record: Artwork

**\* You do not have to agree to this and you have the right to revoke this permission at any time (please do so in writing). Natalia Torres del Valle may photograph, videotape, or audiotape my child's artwork for the following reasons: -Grant writing (client's name changed or abbreviated) -Publication in a Professional Journal or Presentation at a Professional Conference (client's name changed or abbreviated) - Individual or Group consultation with other mental health professionals (client's name changed or abbreviated)**

I agree

I do not agree

## Session Fees, Frequency of Services, and Length of Service Session

Clients will receive individual services weekly. If this frequency needs to be adjusted, I will discuss this with you and your child.

\$130/50-minute individual session

\$130/50-minute caregiver/parent session (without client present)

\$175/50-minute family session

\$75/30-minute caregiver/parent check-in

Communication outside of normal therapy session time and lasting more than 15 minutes (email, phone calls, letter writing) will be charged in 15-minute increments at your current rate. There is no charge for communication concerning administrative and scheduling matters.

A \$10.00 service fee will be charged for any checks returned for any reason for special handling.

Court fees (applies to work with individuals only): There is time and expense related to being subpoenaed, therefore I charge a fee once a subpoena is received and an additional fee if I am required to attend a court hearing even if I am not call to testify. Please see my fees associated with being subpoenaed:

Upon receiving a subpoena, a charge of \$100 will be posted to your account.

If I am asked to appear and testify in court, the fee is \$3,000 of which \$1,500 is due at the time of the subpoena. If the case is settled outside of court, the \$1,500 is returned.

Communication about the case will be charged in 15-minute increments at your current rate.

Cash, credit cards or personal checks are accepted at the time services are rendered. Payments can be made via the client portal. See below for the cancellation policy regarding cancellations made less than 24 hours in advance. At this time, I am considered an Out-of-Network provider. I do not participate in insurance panels and neither bill nor accept payment directly from insurance companies. I will provide a receipt that you can file with your insurance company, if you choose. Please check with your insurance company for information about benefits, number of sessions covered per year, deductible and Out-of-Network providers. If there is a lapse in payments and no evidence of your attempts to clear your balance, I will give you notice that I intend to turn your account over to a collection agency. All accounts placed with the collection agency are listed on your credit report.

## Use of Diagnosis and Insurance

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.

Insurance companies require disclosure of highly personal information, the confidentiality and privacy of which I cannot guarantee. Insurance companies also restrict the number of sessions allotted. For these reasons, I choose not to be on insurance or managed care panels. Fortunately, tax laws have created programs that may help you pay for your therapy, even if you are self-employed. These include medical savings accounts (MSA's) and Pre-Tax Flexible Spending Medical Accounts (FSA's). If you have an accountant or compensation and benefits administrator, you can ask them if you qualify for these programs.

If you intend to use your insurance for therapy, please confirm approval of me as an out-of-network provider prior to our first meeting. Check your coverage carefully by asking the following questions:

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my insurance cover?
- What is the coverage amount per therapy session for an out-of-network provider?
- Is approval required from my primary care physician?

If approved, you will pay me in full for each session and I will provide you with the documentation you need to file a claim with your insurance company for potential reimbursement.

# Cancellation Policy

Our session begins at your appointment time. Please call or text me at 919.289.9252 if you are running late.

If you contact me prior to or within 15 minutes of your appointment time to let me know you are running late our time together will end at the same scheduled time and you will still be charged the full session fee. I prefer that you arrive late rather than not at all. If I have not heard from you by 15 minutes after the start of your session time, we may need to reschedule for another day and my full fee will be charged for a missed appointment.

My full fee is required for no-shows and cancellations or reschedules made less than 24 hours in advance. As a courtesy to you, my scheduling system sends a reminder email 48 hours before your appointment time. Please note that if you do not receive these reminders due to technical issues on your end or mine, you are still responsible for payment if you do not attend your appointment.

If I do not hear from you within three weeks of a no-show (i.e. failing to show up for a scheduled appointment without contacting me and without returning the call I will place to you when you do not show up) your file will be closed and services will be considered complete. You are welcome to return to my practice if you find you need continued services.

## Scheduling

We will start with a weekly standing appointment time that can be canceled as needed on weeks when you will be away. I will honor that time unless I am traveling or have a personal emergency. I may occasionally ask if you can switch to another time, but I will not make changes without our joint agreement. For vacations and other scheduled absences, I will give you as much advance notice as possible and ask that you do the same.

## Communication

If you need to contact me between sessions, please leave a message on my secure line (919.289.9252) or contact me via the client portal. Please note: by emailing me you risk a breach in confidentiality. Email is not a confidential form of communication, but you may choose to use it to communicate about non-clinical matters like scheduling. DO NOT use email for emergency situations or for communicating information concerning counseling sessions. You can send secure messages that are HIPPA compliant through the client portal.

I am often not immediately available; however, I will attempt to get back to you in a timely manner. Please note that live or videoconference face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support and do not have internet access, phone sessions are available.

## Emergency Protocol

In case of an emergency, please dial 911, 988 for the Suicide and Crisis Lifeline, or proceed to your local emergency room.

## Termination

A termination process is important in order to achieve some closure and transition out of the therapeutic relationship. You have the right at any time to end services. I would prefer that this decision is discussed with me so that we can plan sessions to transition out of the therapeutic relationship. 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 it appears goals have been met, expressive arts therapy is not being effectively used, or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing with you the reasons and purpose. As stated in the cancellation policy, if an appointment has not been made for three consecutive weeks (unless we have discussed an alternative schedule) or there are three cancellations made less than 24 hours in advance or three no-shows, I will consider the therapeutic relationship ended for legal and ethical reasons.

## Grievances

If the client/guardian is ever dissatisfied with the services provided, concerns can be expressed in numerous ways. Please feel free to contact me via phone or email to discuss your concerns. If client is a student, concerns can also be shared with the social worker or guidance counselor at the client's school. I will address all grievances within 10 business days. If your complaint is not addressed within this time frame, please feel free to contact the following to file your grievances:

- North Carolina Board of Licensed Clinical Mental Health Counselors at PO Box 77819, Greensboro, NC 27417 phone (844) 622-3572, fax (336) 217-9450
- North Carolina Department of Health and Human Services at DMA Privacy Official/



2501 Mail Service Center, Raleigh, NC, 27699-2501; phone: 1-888-245-0179  
•Disability Rights North Carolina at 3724 National Drive, Suite 100, Raleigh, NC 27612  
phone: 877-235-4210 or 919-856-2195; www.disabilityrightsncc.org.

**\* Client Information:**

Client Name

Client Pronouns

Primary Contact Name

Primary Contact Relationship to Client

Primary Contact Number

Emergency Contact Name

Emergency Contact Relationship to Client

Emergency Contact Number

## Consent for Services

I have read and agree to these terms and will abide by these guidelines. I understand that I am free to ask questions or raise concerns at any point in the therapeutic process.

## Acceptance of Terms

**We agree to these terms and will abide by these guidelines.** \_\_\_\_\_

I consent to sharing information provided here.