



**Jocelyn Mosser, MA, LPCA**

Counselor & Expressive Arts Therapist  
383 Merrimon Ave. Asheville, NC 28801  
JocelynMosser@gmail.com // 828-335-1954

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**Informed Consent and Disclosure**

I am pleased you've selected me as your counselor. This document is designed to inform you about my background and your rights and responsibilities as a client. I hold a Master's degree in Clinical Mental Health Counseling from Appalachian State University with certificates in Expressive Arts Therapy and Systemic Multicultural Counseling. I am a Licensed Professional Counselor Associate (#A14167) in the State of North Carolina, which means I work under supervision. My supervisor is Peyton Kinnaird, MA, LPCS (#4917). Her address, email, and phone number are as follows: 383 Merrimon Ave. Asheville, NC 28801, peytonkinnaird@gmail.com, and 828-775-5535.

I am a member the North Carolina Counseling Association, the International Expressive Arts Therapy Association, and the American Group Psychotherapy Association. I completed my practicum and internship at Our Voice, Asheville's rape crisis center, where I accrued one year (700 hours) of clinical counseling experience as a student counselor intern. I offer counseling and expressive arts therapy to adults, couples, and adolescents with a wide range of concerns including past and present trauma and abuse, attachment, grief and loss, sudden changes, life transition, identity, and developing an authentic connection to self and others. As a counselor, my role is to create a welcoming environment where you feel safe enough to explore yourself, receive support, insight, and tools, as well as practice the tools that may help you tend to your wellness.

**Benefits and Risks of Counseling**

The counseling process is not a "quick fix" for your troubles. To thoroughly support you as we address issues or circumstances that you may be struggling with, we will need time, perseverance, and active engagement on both of our parts in order to meet your goals. Therapy can be a potent experience that comes with both risks and benefits. The risks may include the experience of difficult emotions and the endeavor of trying out new behaviors. Although these risks may induce discomfort, this discomfort may be instrumental in catalyzing personal growth and discovery. Some positive outcomes of the counseling process could include a higher degree of self-understanding, more empathy and compassion for one's self and others, and the development of helpful tools for dealing with specific feelings or circumstances. It is my commitment to listen to you, to respect your pace and your process, and the challenge you with new ideas. As the client, your progress depends primarily on your commitment to the counseling process, as well as your active participation. No one can guarantee the outcome of therapy, and often the success of therapy depends upon the fit between client and counselor. In addition to talking during therapy sessions, you will be welcome to try expressive art activities such as drawing, movement, or music. Between sessions, I may invite you to explore journaling and stress relief or mindfulness activities.

**Client Rights and Confidentiality**

Generally speaking, the information that's shared by and with a client in a therapy session is legally confidential. This information is treated with the utmost respect and confidentiality will only be broken in a circumstance in which it is legally and/or ethically necessary. These circumstances include if I believe you are in danger of harming yourself or harming others, if I believe a child, elder, and/or disabled person has been or will be abused or neglected, and in an emergency when your life or health is in imminent danger. I also may share this information if I am ordered by a court to disclose information, if you give me permission to disclose information to a specific party, if you are a minor (in which case, your parents and/or guardians have access to your clinical record). In

all of these cases, if at all possible, I will discuss with you the information which I plan to release and perhaps require you to sign a release of information.

Supervision is required while I am pursuing my LPCA, and I may at times share information about our sessions with my supervisor. If this does occur, I will never disclose your name or any other identifying information about you. I will ask your written permission to audiotape our sessions so that they can be reviewed by my supervisor. All tapes are destroyed immediately after these reviews. I will provide counseling services to you regardless of whether or not you consent to audiotaping, and you are free to revoke your consent at any time for audiotaping—even if it is in the middle of a session.

### **Social Media & Technology**

I do not accept friend requests from current or former clients on any social media platform or networking site. I believe that accepting such requests can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Please reserve the use of text messaging and emails for the purpose of scheduling appointments. I cannot ensure the privacy of those exchanges and therefore wish to limit text activity to non-personal information as a way to ensure your confidentiality. Please note that any email exchanges between the two of us are part of your legal record on file.

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

My sessions are 50-minutes in length. The session fee is \$75 for individual counseling and \$90 for couples. If these fees feel unmanageable to you, let's talk about your needs and how to make counseling more accessible to you. Payment in the form of cash, check, or credit card is due at the time of service unless other arrangements are made.

### **You will be charged in full for missed appointments unless you give at least 24hrs. notice**

Inclement weather or other emergencies may require your appointment to be rescheduled. If I need to cancel or reschedule an appointment, I will contact you as soon as possible

### **After Hours Crisis / Mental Health Emergencies**

I am not a crisis counselor. I return all calls within 24 hours. If you are having a mental health emergency, you feel that you may harm yourself or someone else, and you cannot wait to receive a returned call from me, please call 911, go directly to the nearest emergency room, or use the following crisis support services: RHA Mobile Crisis Management's 24-hour hotline: 888-573-1006. Our VOICE 24-hour hotline 828-255-7576. Helpmate Domestic Violence Agency's 24-hour hotline: 828-254-0516

I encourage you to discuss with me at any time whatever concerns you may have about the therapeutic process, your experiences in therapy, and my policies and fees. my fees and policies. You may also reach out to my supervisor directly: **Peyton Kinnaird, MA, LPCS (#4917)** 383 Merrimon Ave. Asheville, NC 28801, 828-775-5535.

### **Acceptance of Terms:**

By signing this form, you are entering into a therapeutic contract with me. Your signature indicates that you understand the nature of this contract and the above mentioned laws and policies. Your signature further indicates an understanding of the information given regarding the Notice of Privacy Practices effective 8/28/18 and the Client's Rights and Informed Consent for Treatment.

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

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