LICENSED PROFESSIONAL CLINICAL COUNSELOR (LPCC) LAW & ETHICS TEST 2 PRACTICE (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. If a minor client is in imminent danger, what is the appropriate course of action regarding confidentiality?

A. Notify the parents if available; if they are not immediately available, contact the police or psychiatric emergency team

B. Notify the school counselor

C. Break confidentiality only with client's consent

D. Do nothing

2. If a spouse, who is not a client, approaches you in public and wants to discuss the client's crisis, what is the appropriate action?

A. Share details with the spouse and proceed

B. Encourage the spouse to contact you by email

C. Encourage the spouse to have the client tell you directly about her crisis

D. Refuse to speak with the spouse and end the relationship

3. In discussing informed consent, which topics should be included?

A. Fees

B. Fees and appointment times

C. Privacy, confidentiality limits, and the client's rights

D. Personal information about the therapist

4. A client cannot pay fees temporarily due to job loss. What is the recommended ethical practice?

A. Continue to see the client and offer a reduced fee she can afford

B. Cease treatment until payment is made

C. Bill the client for the full amount anyway

D. Refer the client to a social service agency for aid

5. Licensed professional clinical counselors are required to complete not less than how many hours of approved continuing education every two years?

A. 24

B. 36

C. 48

D. 60

6. If a client reveals that they have physically abused their 13-year-old son, what should you do?

A. Continue therapy and address later

B. Immediately report

C. Gather more information

D. Refer to family therapy

7. In telehealth, which statement is correct?

A. Email-based

B. Real-time interactions

C. Delayed messaging

D. Pre-recorded sessions

8. In a case where a client presents depressive symptoms but there is no indication of danger to self or others, which action is ethically appropriate as the next step?

A. Immediately hospitalize

B. Terminate therapy

C. Refer to psychiatry after a formal evaluation

D. Conduct a comprehensive assessment and consider referral to psychiatry if indicated

9. A clinician has a patient who has missed several therapy sessions and the payer has not sent payment for the last two sessions. The patient has not responded to a letter asking him to contact you. What is an appropriate next step?

A. Send a letter to the client informing them that you will contact a collection agency if they do not contact you within 30 days

B. File a small claims suit against the client immediately

C. Cancel future sessions and shred the notes

D. Report the nonpayment to the client's employer

10. Do LPCCs have prescriptive authority?

A. Yes, LPCCs can prescribe medications in all cases.

B. They can prescribe in limited circumstances with supervision.

C. They can prescribe non-prescription medications.

D. No. LPCCs do not prescribe medications; medication management is handled by medical professionals, with referrals as needed.

Answers

1. A
2. C
3. C
4. A
5. B
6. B
7. B
8. D
9. A
10. D

Explanations

1. If a minor client is in imminent danger, what is the appropriate course of action regarding confidentiality?

A. Notify the parents if available; if they are not immediately available, contact the police or psychiatric emergency team

B. Notify the school counselor

C. Break confidentiality only with client's consent

D. Do nothing

When a minor client is in imminent danger, confidentiality is overridden to protect the child's safety. The appropriate action is to involve those who can take immediate protective steps: notify the parents or guardians if they are available, so they can intervene. If the parents or guardians aren't immediately reachable, you should contact the police or a psychiatric emergency team to ensure the child's safety right away. This reflects ethical and legal expectations to take urgent protective action in emergencies, while limiting disclosures to what's necessary and documenting what was done. Why the other options don't fit: simply notifying a school counselor doesn't address the immediate risk or the guardians' role in protection; breaking confidentiality only with the client's consent isn't appropriate in an imminent-danger situation; and doing nothing would leave the minor at serious risk.

2. If a spouse, who is not a client, approaches you in public and wants to discuss the client's crisis, what is the appropriate action?

A. Share details with the spouse and proceed

B. Encourage the spouse to contact you by email

C. Encourage the spouse to have the client tell you directly about her crisis

D. Refuse to speak with the spouse and end the relationship

This situation centers on protecting client confidentiality and obtaining consent before sharing information with others. When a spouse who isn't a client asks about the client's crisis, you should not disclose any private details without the client's explicit permission. The appropriate approach is to acknowledge the spouse's concern but refrain from sharing specifics. Encourage the spouse to have the client tell you directly about the crisis, or to obtain the client's explicit consent to discuss the matter. If the client agrees to involve the spouse, you can discuss what information can be shared and with whom, and you should document any consent. Only in situations involving a safety risk or other legal mandated exceptions would information be disclosed without consent. This preserves the client's autonomy and confidentiality while still supporting appropriate involvement when consent is provided.

3. In discussing informed consent, which topics should be included?

A. Fees

B. Fees and appointment times

C. Privacy, confidentiality limits, and the client's rights

D. Personal information about the therapist

Informed consent centers on what the client needs to know to participate in therapy knowledgeably—the protections around privacy, the boundaries of confidentiality, and the client's rights. Privacy covers how personal information is stored and who may access it, while confidentiality describes the safeguards around what information is shared and under what circumstances sharing is permissible. The limits of confidentiality spell out specific situations where disclosure is required by law or ethical duty, such as imminent risk of harm, abuse, or mandatory reporting. The client's rights include being able to ask questions, participate in decisions about treatment, withdraw consent at any time, and have access to records when allowed. Together, these elements establish trust and clarify expectations for the therapeutic relationship. Fees and appointment times are practical details for planning and transparency, but they don't address the ethical protections and empowerment aspects of consent. Sharing personal information about the therapist is not appropriate and doesn't belong in the informed-consent discussion. The essential focus is on how privacy is safeguarded, when information may be shared, and what the client can expect to control about their care.

4. A client cannot pay fees temporarily due to job loss. What is the recommended ethical practice?

A. Continue to see the client and offer a reduced fee she can afford

B. Cease treatment until payment is made

C. Bill the client for the full amount anyway

D. Refer the client to a social service agency for aid

When a client experiences temporary financial hardship, the ethical priority is to preserve access to care and maintain the therapeutic relationship. The best approach is to continue treatment and adjust the fee to what the client can reasonably afford, such as a sliding-scale or a temporarily reduced rate. This supports the client's ongoing progress, reflects beneficence and justice by reducing financial barriers, and aligns with the duty not to abandon clients because of payment issues. The counselor should clearly discuss and document the new fee arrangement, and reassess as finances change. Offering this adjustment keeps care continuous and professional, rather than terminating services or billing full amounts regardless of ability to pay. Referring to social services can be a helpful resource, but it does not replace the ethical obligation to try to maintain therapy with a feasible fee.

5. Licensed professional clinical counselors are required to complete not less than how many hours of approved continuing education every two years?

A. 24

B. 36

C. 48

D. 60

Ongoing professional development is the concept being tested. Licensure renewal for LPCCs is tied to completing approved continuing education, and the standard minimum is not less than 36 hours within each two-year renewal period. This amount helps ensure counselors stay current with evolving practices, ethics, and professional standards. Some boards may specify that part of those hours address ethics or other topics, but the overall requirement is 36 hours.

6. If a client reveals that they have physically abused their 13-year-old son, what should you do?

A. Continue therapy and address later

B. Immediately report

C. Gather more information

D. Refer to family therapy

When a client reveals that they have physically abused their child, the duty to protect a minor takes precedence. This is a mandated reporting situation: professionals are legally and ethically required to report suspected child abuse to the appropriate authorities (typically child protective services or law enforcement) right away. The rationale is to ensure the child's safety and to fulfill your obligation to protect vulnerable individuals, not to wait for more information or to try to handle it solely within therapy. You can and should continue to work with the client on safety and accountability, but you must not delay reporting to "address it later." Be sure to document the disclosure and the steps you took, and inform the client about the limits of confidentiality in this context.

7. In telehealth, which statement is correct?

A. Email-based

B. Real-time interactions

C. Delayed messaging

D. Pre-recorded sessions

Telehealth centers on delivering clinical services through interactive technology that connects clinician and client in real time. This live, synchronous contact lets you conduct a full mental status check, observe affect and nonverbal cues, and respond immediately with guidance, safety planning, or adjustment of the treatment plan. Real-time sessions—whether by video or secure live audio—provide the immediate feedback and dynamic back-and-forth that mirrors in-person therapy, which is especially important for rapport, engagement, and risk assessment. The other modalities described—email-based communication, delayed messaging, or pre-recorded sessions—are asynchronous. They lack the instant back-and-forth that allows for prompt clinical decisions and crisis management, so they don't represent the same interactive therapeutic experience as live sessions. They can be useful as supplementary tools or for follow-up, but they do not replace the real-time connection that characterizes core telehealth delivery for direct clinical care. Keep in mind that ethical telehealth practice also requires using secure, HIPAA-compliant platforms, obtaining informed consent, and adhering to licensure requirements and emergency protocols.

8. In a case where a client presents depressive symptoms but there is no indication of danger to self or others, which action is ethically appropriate as the next step?

A. Immediately hospitalize

B. Terminate therapy

C. Refer to psychiatry after a formal evaluation

D. Conduct a comprehensive assessment and consider referral to psychiatry if indicated

When a client shows depressive symptoms without imminent danger, the next step is a thorough assessment to understand the full clinical picture and determine the appropriate level of care. This involves a careful mental status examination, a detailed history (medical, psychiatric, medication use, sleep, appetite, functioning, and psychosocial stressors), a risk assessment for self-harm even if risk seems low, and consideration of medical conditions or substances that could mimic or worsen depression. The goal is to clarify diagnosis, rule out medical contributors, and decide on an evidence-based treatment plan. If, after this comprehensive assessment, indications arise that pharmacotherapy or specialized psychiatric evaluation is warranted (for example, suspected major depressive disorder with functional impairment, treatment-resistant symptoms, or potential co-morbidity needing medical management), referral to psychiatry for evaluation or co-management is appropriate. This approach embodies ethical principles of beneficence and nonmaleficence by ensuring the client receives appropriate, safe, and coordinated care rather than jumping to hospitalization or prematurely terminating therapy. Immediate hospitalization is reserved for clear risks that the client cannot be safely cared for or protected from themselves or others. Premature termination of therapy would abandon the client before their needs are fully understood or addressed. A referral to psychiatry should occur when indicated, but it should be based on a current, comprehensive assessment to guide appropriate triage and collaboration rather than as an automatic step after a generic evaluation.

9. A clinician has a patient who has missed several therapy sessions and the payer has not sent payment for the last two sessions. The patient has not responded to a letter asking him to contact you. What is an appropriate next step?

A. Send a letter to the client informing them that you will contact a collection agency if they do not contact you within 30 days

B. File a small claims suit against the client immediately

C. Cancel future sessions and shred the notes

D. Report the nonpayment to the client's employer

When a client hasn't paid for recent sessions and doesn't respond to outreach, the ethical move is to set clear expectations and provide a fair chance to resolve the balance while documenting the steps taken. The best next step is to send a professional written notice that explains the outstanding amount, references the agreed-upon fees, and requests contact to arrange payment. Importantly, it also states that if there's no contact within a reasonable period (commonly 30 days), the matter may be referred to a collection agency or another approved collection process. This approach shows due process and maintains the therapeutic relationship by giving the client an opportunity to address the debt before escalating. It also preserves confidentiality and keeps proper records of outreach attempts, which is essential if further action becomes necessary. Why the other options aren't appropriate: filing a small claims suit immediately moves too quickly and can undermine rapport and care without giving the client a chance to respond or resolve the balance; canceling future sessions and shredding notes abandons the client and violates standard record-keeping and care duties; reporting the nonpayment to the client's employer breaches confidentiality and could cause unnecessary harm.

10. Do LPCCs have prescriptive authority?

A. Yes, LPCCs can prescribe medications in all cases.

B. They can prescribe in limited circumstances with supervision.

C. They can prescribe non-prescription medications.

D. No. LPCCs do not prescribe medications; medication management is handled by medical professionals, with referrals as needed.

Prescriptive authority is limited to licensed medical prescribers, and LPCCs typically do not have this authority. Their training and licensure focus on psychotherapy, assessment, diagnosis, and treatment planning, not on prescribing medications. When a client may benefit from medication, the LPCC collaborates with a medical prescriber (such as a physician, psychiatrist, or advanced practice nurse), provides necessary clinical information, and supports the client through referral and coordination of care. Some states have rare exceptions or special arrangements, but the standard rule in LPCC practice is that medication management is handled by medical professionals, with referrals as needed.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://lpcclawethics2.examzify.com

We wish you the very best on your exam journey. You've got this!