



PROFESSIONAL COUNSELOR DISCLOSURE FORM

This document is designed to provide you with information concerning my competency, philosophy, and chosen techniques, and to ensure that you understand the professional relationship of counselor and client. I am honored that you have chosen to entrust me with this portion of your life's journey.

Today marks the beginning of my opportunity to join you in your pursuit of a more satisfying life. I will partner with you to discover life beyond "existing" or "surviving" in broken relationships, impaired thinking, painful behavior patterns, and debilitating intense emotions. This informational sheet provides you with my basic services and policies. Please feel free to contact me (before our first appointment, if necessary) to ask any questions you might have regarding this form.

FORMAL PROFESSIONAL EDUCATION:

I have a Master of Arts degree (May, 1999) in Counseling from Sam Houston State University in Huntsville, Texas. I am licensed (License No. 18641) by the State of Texas (January, 2004) as a Licensed Professional Counselor – Supervisor (April, 2014). I also hold a Bachelor of Arts degree in Political Science (December, 1991) from Texas A&M University in College Station, Texas.

AREAS OF COMPETENCE:

My areas of competence include individual counseling and group counseling settings, wherein I apply an integrative approach to therapy, using different theories to guide our work and fit your needs. These are primarily Choice/Reality, Client-Centered, Cognitive Behavioral, Existential, Gestalt, Solution Focused and Psychodynamic. I am not able to prescribe medications to clients. I will gladly support you in finding a psychiatrist or medical professional, if you believe medication is needed. I believe that clients possess the ability to choose how to resolve their own problems and can make positive life

decisions. My role in the relationship is to assist in the areas of personal growth through facilitation and cocreation. I believe that clients are responsible for their behaviors, thoughts, and feelings. As a counselor, I hope to assist clients in the process of gaining greater self-awareness that leads to increased confidence, self-esteem, independence, mental health, and the capacity to effectively navigate the complex challenges of life. Some clients need only a few counseling sessions to achieve these goals, while others may require more counseling. As a client, you maintain control of yourself. As such, you may end our counseling relationship at any point, and I will be supportive of that decision. I do ask, however, that you participate in a termination session, if at all possible.

OUR RELATIONSHIP:

Our sessions may be psychologically close, but the relationship is not social. Our contact will be limited to counseling sessions except in emergencies. You can leave me a confidential message and I will return it as soon as possible, however, if you urgently require assistance, please call your physician, MHMR (888-522-8262), or 911. While it is not possible to guarantee any specific results regarding your counseling goals, we will work diligently toward the change you desire.

TECHNIQUES:

Our work together may involve specific techniques based on the theories noted above, always with the intent of helping you achieve your therapeutic goals. These techniques will provide methods to examine issues, recognize strengths, and identify behaviors that best serve your needs. Some specific techniques we may use are guided imagery, homework (for example, application of new learning, journaling, reading and work sheets), mindfulness, relaxation, role-playing and systematic desensitization. Also, as an advocate of a holistic approach, I generally attempt to assist the client in identifying and incorporating a community of support that may include family and friends, colleagues, medical and other mental health professionals, membership in recovery or support groups, and spirituality.

RECORDS AND CONFIDENTIALITY:

In general, our communication will be completely confidential. However, depending on the issues we discuss and what you choose to disclose and not disclose, there are specific legal and/or ethical exceptions to this confidentiality. These exceptions are related to:

1. the abuse or neglect of minors;

2. the abuse, neglect, or exploitation of elderly or disabled persons;
3. the abuse, neglect, and illegal, unprofessional, or unethical conduct in an in-patient mental health facility, a chemical dependency treatment facility or a hospital providing comprehensive medical rehabilitation services;
4. the sexual exploitation by a mental health services provider;
5. the release and exchange of information concerning the treatment of a sex offender;
6. your request in writing to disclose information to someone of your choosing;
7. an order by a court to disclose your information;
8. my determination that you may potentially be a threat to yourself and/or other(s);

And finally, if I see you in public, I will protect your confidentiality by not approaching you first and will not discuss your case in public.

APPOINTMENTS, CANCELLATIONS AND FEES:

You may schedule your next appointment while you are in the office, by email, or by calling me at your convenience. When you schedule an appointment, I reserve that time for you alone, so please make every effort to be on time to receive the full benefit of your allotted time. I will make a reasonable effort to accommodate changes in your schedule, if you notify me 24 hours in advance. Appointments cancelled within 24 hours will be billed as a "No Show or Late Cancellation" and you will be billed 50% of the counseling fee. Life-threatening emergencies and serious illnesses will be considered for possible waiver. You will be expected, however, to remember appointments and take into consideration traffic delays, work demands, etc. Please note that intake assessments include a large portion of paperwork. Times noted represent actual time spent in session with the counselor, and do not include time spent on necessary paper work.

I charge \$100 for a standard 50-minute session. The first five minutes of these sessions will be used to collect payment and to schedule the next session. You also have the option to book several appointments into the future to minimize the time used during subsequent sessions for scheduling. I accept MASTERCARD, VISA, AMEX, and DISCOVER via the Square Register. Cash is accepted, but only if it is in the exact amount. Please, **no checks are accepted**. I am not in network with any insurance carrier.

COMPLAINTS:

Although clients are encouraged to discuss any malpractice concerns with me, you have the right to report your concerns to: Texas Board of Licensed Professional Counselors, Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369; Phone: 1-800-942-5540.

ACCEPTANCE OF TERMS:

By your signature below, you are indicating that you have read, understand, and agree to the above. You are attesting to the fact that any questions you may have had have been answered to your satisfaction.

Client Printed Name

Client Signature

Date

PLEASE SIGN, DATE AND PRINT, AND BRING WITH YOU TO INITIAL SESSION!