

Professional Disclosure Statement Example
Benny Rosen, Masters-level Intern
Happy Tails Counseling
Front Desk: ((999) 999-9999

*This information is intended to inform you about my professional background
and to describe certain aspects of our therapeutic relationship.
Please read it carefully and feel free to ask any questions you may have.*

Qualifications

I am in the process of completing a Master's Degree in Clinical Mental Health Counseling from Appalachian State University and anticipate graduating in December 2015. Additionally, I am earning a Graduate Certificate in Expressive Arts Therapy and Addiction Counseling Concentration. I completed my Practicum in Counseling at the Happy Tails Counseling in the Spring 2015 semester, and am completing my Internship there presently. I am currently pursuing licensure as a Professional Counselor-Associate (LPCA) in the state of North Carolina.

Supervised Practice

As part of the standard training process, my counseling services are under the supervision of Dr. Roof Roof, who may hear or see recordings of our sessions to provide me with feedback and ensure that quality care is being provided. (Audio or video recordings of our sessions will take place with your express consent, given by signing a separate waiver in our initial session. If you would prefer not to be recorded, I will be glad to assist you in finding another clinician to work with.) Additionally, my university supervisor is Dr. Christina Rosen, LPC, LCAS, CCS, NCC, Associate Professor at Appalachian State University.

Counseling Background and Process

My counseling work has primarily focused on college students with concerns related to anxiety, depression, grief, and self-esteem. Issues that clients address in counseling include personal, emotional, professional, and relationship issues, among many others. My primary approach to counseling is an integration of person-centered, mindfulness-based, and cognitive behavioral therapies. In essence, this integrative counseling approach strives to balance mindful awareness, a genuine and empathic relationship with the client, and a collaborative effort at identifying what changes a client can make to minimize emotional and behavioral disturbances. When appropriate I also use Expressive Arts Therapy techniques with clients, incorporating any arts modality that lends itself to the specific client's wellness, needs, and comfort levels. Additional specialty is to Integrate Expressive Art Therapy with clients struggling with remaining sober and continues to experience relapse.

My role is to assist you in reaching whatever goals you may have for yourself by providing non-judgmental support and helping to facilitate your journey, whatever form it may take. I strive to empower you and assist you in expanding healthy awareness, rather than to give you advice.

Although our sessions may be very intimate emotionally and psychologically, please understand that ours is a professional relationship rather than a social one. Maintaining professional boundaries for both client and counselor is a vital component in the therapeutic relationship, and I will uphold those boundaries in order to ensure an appropriate therapeutic relationship and a more positive therapeutic outcome.

Length of Service

Sessions begin on the hour and last 45-50 minutes each. The duration of counseling varies widely among clients depending on their needs and preferences. You may choose to terminate therapy at any time, but I strongly suggest that we have a final session together once you decide to terminate so that I am best able to help you prepare for and process the conclusion of our work together.

Session Fees

Initial session (90 minutes): \$150

Subsequent sessions (50 minutes): \$100

Methods of payment accepted include check and credit card.

Missed Appointments

If you find that you must cancel or reschedule an appointment, please make an effort to contact the Counseling Center at 262-3180 at least 24 hours in advance. The Counseling Center's policy is that if we do not hear from you within 48 hours of a "no-show" (i.e. failing to show up for a scheduled appointment without contacting us) your file will be closed and services will be considered complete. You are always welcome to return to the Counseling Center's Walk-In Clinic hours if you find you are in need of continued services.

Communication with Clients and Emergencies

With your written permission, I may use email to communicate with you regarding scheduling matters. Please note that email is NOT a secure form of communication and that I cannot guarantee confidentiality of emails. Please do not send information via email that you wish to remain confidential or that requires immediate attention.

In the event that a psychological emergency should occur, please call 911 or go to the nearest Emergency Department.

Effects of Counseling

Embarking on a counseling journey is a brave undertaking that may challenge you at times. The counseling process may open up levels of awareness that could cause pain and anxiety as you work through them, and the process of change can be a difficult one that could cause disruption or discomfort in your life. While 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.

Given the nature of counseling, it is difficult to predict exactly what will happen in terms of therapeutic outcome or to provide an estimate of the time required for a client to reach his or her 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.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition is made 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, and may have ramifications in terms of costs of insurance and long-term insurability.

Confidentiality

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.)

As mentioned above under "Supervised Practice," I am in training and am thus required to be under supervision. The supervision process may include discussion of our counseling sessions with my supervisor or professional

colleagues. I will make every effort to preserve your anonymity and you may trust that my colleagues are held to the same standards of confidentiality. All of our communication becomes part of your clinical record, which is accessible to you upon request.

Complaints

Although clients are encouraged to discuss any concerns directly with me, you may file a complaint against me with either of the organizations below should you feel I am in violation of the American Counseling Association Code of Ethics:

(<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417

Phone: **844-622-3572 or 336-217-6007**

Fax: 336-217-9450

E-mail: LPCinfo@ncblpc.org

Acknowledgement and Acceptance of Terms

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.

Client: _____ Date: _____

Counselor: _____ Date: _____