

## **PROFESSIONAL DISCLOSURE STATEMENT AND CLIENT AGREEMENT FORM**

Welcome to Ascent Psychotherapy Center! I feel privileged that you have chosen to ask me to help you create and explore your possibilities for change as you ascend to reach your aspirations!

It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This document is intended to provide answers to some questions clients often ask about that process.

Included in this document is general information about:

- Risks and benefits of counseling,
- Goals of our work together and what my methods of counseling are like, and
- Other important areas of our relationship.

After you read this document, we can discuss how these issues apply to your own situation. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understand this document, I will ask you to sign the last page of it and return it to me. Please retain a copy for your records/reference.

### **MY CREDENTIALS & WORK EXPERIENCE**

I am a Licensed Professional Counselor-Supervisor, with over 10 years of experience. I am trained and experienced in providing counseling one-on-one, with couples, families, filial and play therapy with children, and in groups with adults and adolescents. Earlier in my career, I worked in a variety of settings, including therapeutic foster care agencies, mental health clinics, a rape crisis center, and community supervision and corrections. I hold the following qualifications:

- I am licensed as a Professional Counselor-Supervisor in Texas with ability to supervise Professional Counselor Interns (#16445).
- I have a Masters Degree in Community/Counseling Psychology from Loyola University, Chicago, Illinois.
- I have a Master of Divinity Degree from Brite Divinity School at Texas Christian University, Fort Worth, Texas.
- I completed internship in counseling at Baum and Associates in Illinois.
- I am a professional member of Texas Counselors Association (TXCA).

### **WHAT TO EXPECT FROM OUR RELATIONSHIP**

As a Licensed Professional Counselor, I will use my best knowledge and skills to help you. This includes following the standards of the American Counseling Association, or ACA. In your best interests, the ACA puts limits on relationship between a therapist and client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

Therapy services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress, and I expect you to be honest with me about your expectations for services, your compliance with medical advice from your doctor, and any other treatment issues.

As a board certified and approved Licensed Professional Counselor Supervisor (LPC-S) I will use my best knowledge and skills to help you achieve your goals. My duty is to care for you and my other clients, but *only* in

the professional role of therapist/counselor. Ethically, I am bound to avoid “dual relationships.” I am not able to advise you from other professional viewpoints such as law, medicine, finance, etc.

I must honor confidentiality, excluding exceptions mentioned below. To maintain privacy, I do not reveal the identities of my clients without their consent. Therefore, if we meet on the street, I may not say hello or talk to you very much. This would not be a personal reaction to you, but rather an effort to maintain the confidentiality of our relationship. Lastly, I cannot, now or ever, be a close friend, socialize, or have a romantic relationship with any of my clients, and cannot provide therapy to my family members or friends.

I make every effort to keep the names and records of clients private. I will try never to use your name on the telephone, if clients in the office can overhear it.

If your records need to be seen by another professional or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a form consenting to such disclosure. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. And, you may rescind your permission to disclose information at any time. If you have questions about this process, please ask me.

It is my office policy to destroy clients’ records 15 years after the end of our therapy. Until then, I will keep your case records in a safe and secure location.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I will offer you several therapist recommendations of my choice to assure continuity of care.

If we engage in family or couple therapy (where there is more than one client), and you want to have records of our work together sent to anyone, *all* of the adults present must provide consent before *any* information will be released to any third party.

### **COLLABORATIVE EFFORT**

Because you will be investing time, energy, and money into therapy, you should choose a therapist carefully. You should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. My work with clients focuses on wellness and increasing overall life satisfaction.

My theoretical approach is both holistic and integrative—meaning that I believe nothing happens in isolation and that when working on improvements in one area will also impact other areas of one’s life. Moreover, those situations that are affecting you emotionally, are also affecting your body and spirit. For that reason, we will be looking at what supports you and what challenges you in multiple areas of your life.

My work tends to be solution-focused and strength-based. I am influenced by interests in humanistic and psychodynamic therapies, positive psychology, creative and expressive arts, religion/spirituality, cultural education, and social justice. Based on your unique needs and level of comfort, I may integrate methods and techniques drawn from many different schools of thought including, but not limited to, journaling, role play, empty chair, play therapy, music, bibliotherapy, dream work, systematic desensitization, imagery, and artistic expressions (ex. collage, painting, drawing, clay, poetry, etc.).

Utilizing a mindfulness based, problem-solving/skill-building approach, we will work together to be mindful, identify developmental and/or life issues and problems with which you may be dealing *and* identify useful skills to help you address your problems. We will devise a recovery plan to help you incorporate your new skills into your daily living. You will be held responsible for your feelings and behavior while focusing on the identified “problem” rather than symptoms. Homework may be assigned which you will be asked to complete as a means of

moving toward the achievement of your goals. Although no therapist/counselor can ethically guarantee achievement of goals, it has been my experience that the more you put into your therapy, the better the chance for positive results. You or I have the right to terminate therapy at any time. At least one session's notice is helpful for all involved, should the decision to terminate therapy occur. This allows for closure. If needed, you will be provided the names and phone numbers of other qualified therapists.

Ultimately, my clinical practice is focused on *your* possibilities—possibilities for healing, possibilities for growth, possibilities for transformation, possibilities for insight, possibilities for resiliency, and possibilities for understanding.

The most central ideas in my work include the following:

- Challenging and difficult times in our lives afford us *opportunities to learn*. If we get “stuck” viewing them merely as “problems,” it is very likely that we will duplicate those difficult times repeatedly and feel like a failure for doing so.
- We *all* have a purpose for what we do—the choices we make *means* something.
- We take our experiences, faith, and tradition/culture, gathered from childhood (along with the lessons learned from those experiences, faith, tradition/culture) into our adulthood. Oftentimes, as adults, we need to *unlearn* or what I prefer to term *re-record* some of those faulty lessons/tapes in order to gain more effective strategies for coping with the vicissitudes of life.
- The more time we spend on focusing on “problem talk,” the more time we spend in the midst of the problem; and conversely, the more time we spend focusing on “solution talk,” the more time we spend in the midst of the solution.
- My goal as a counselor is to not to provide advice or give my thoughts on what you are to do; my goal is to guide you in finding your own *solutions* and *possibilities* to the challenges you are currently facing.

### **THE BENEFITS AND RISKS OF THERAPY**

You may experience a temporary worsening of problems after beginning treatment, although this usually passes as you learn new skills and increase your self-confidence in applying them. Most of these risks are to be expected when making important changes in your life. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. While you consider these risks, you should also know the benefits of therapy have been scientifically researched and validated. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, you will have a chance to talk things out fully until your feelings are relieved or your problems are solved. Your relationships and coping skills may improve greatly. You may get more satisfaction out of social and family relationships. Your personal goals and values may become clearer. You may find yourself growing in many directions and experience an increased ability to fully enjoy your life.

### **CONFIDENTIALITY**

All information shared in session is held in strictest confidence according to federal regulations. The following are exceptions: 1) Legal obligation such as child or elder abuse, court subpoena, cooperating with law enforcement officers, etc., 2) Suspected personal danger to yourself or an identifiable victim, 3) Information required by insurance companies for payment (for which you consented), 4) Information provided to parents if the client is a minor, 5) Valid collection of a debt, and/or 6) Consultation with other professionals in order to aid in the counseling/therapy process (identifying information will be withheld unless written permission is given). Release of information to other individuals, agencies, or professionals may only be done with your written consent.

### **EMERGENCIES**

For an emergency, please attempt to contact me by calling 832-418-2479. If I cannot be reached immediately by phone, you, your family member, or friend should call the **HOUSTON CRISIS HOTLINE at 713-468-5463, DIAL 911, or GO/BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM.**

### **OFFICE HOURS**

Ascent Psychotherapy Center is open the following hours:

Monday – Thursday 10:00 am – 8:00 PM

Friday- 10:00 am – 5:00 PM

Saturday 9:00 am – 2:00 PM

Sunday-Closed

### **RECORDS**

If, as part of therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies. You have the right to review or get copies of your personal health information with limited exceptions. You must submit a written request and allow a reasonable time period (maximum of 30 days) for compliance. If you are concerned that I have violated your privacy rights, or disagree with a decision I have made in regards to access to your personal health information, please inform me immediately. You also may submit a written complaint to the U.S. Department of Health and Human Services.

### **REPORTING COMPLAINTS**

In my practice I follow the professional code of ethics of the American Counseling Association. If for any reason you are not satisfied with any area of our work together, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not discussed and resolved. I will make every effort to hear any complaints you may have and strive to seek solutions to them with you.

If you feel that I or any other therapist has treated you unfairly or has broken a professional rule, please tell me. You can also contact the state or local counseling associations and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint.

Any violations of the Licensed Professional Counselor Act should be reported to:

Texas State Board of Examiners of Professional Counselors  
1100 West 49th Street  
Austin, TX 78756-3183  
512-834-6658

I also do not discriminate against clients because of any of these factors: age, gender, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being required by federal, state, and local laws/regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural/religious diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

## **CLIENT RIGHTS & RESPONSIBILITIES**

### You have the right to:

1. You have the right to be informed about the qualifications of your psychotherapist including education, experience, profession counseling certification(s) and license(s)
2. You have the right to receive an explanation of services offered including methods of psychotherapy, the techniques used, your the commitments, fee scales, and billing policies prior to receipt of services.
3. You have the right to be informed of the limitations of the psychotherapists practice to special areas of expertise (e.g., career development, ethnic group, etc.) or age group (e.g., children, adolescents, older adults, etc.).
4. You have the right to participate in identifying problems, setting goals and evaluating progress toward meeting those goals.
5. You have the right to know who to contact in an emergency.
6. You have the right to request a second opinion or seek a referral for a second opinion at any time.
7. You have the right to request copies of medical records and reports be sent to other counseling professionals.
8. You have the right to end psychotherapy at any time. The only thing you will have to do is to pay for any sessions you have already had. You may of course, have problems with other people or agencies if you end counseling—for example, if you have been sent to therapy by a court.
9. You have the right to ask questions about the counseling techniques and strategies and be informed of your progress.
10. You have the right to contact the appropriate professional organization if you have doubts or complaints relative to the psychotherapist's conduct.
11. You have the right not to allow the use of any therapy techniques.

### You have the responsibility to:

1. You have the responsibility to be involved in writing your service plan.
2. You have the responsibility to tell your provider if you do not understand or do not agree with the plan.
3. You have the responsibility to give your provider all of the information they need so that all of you can make the best decisions about your care.
4. You have the responsibility to arrive on time for appointments.
5. You have the responsibility to notify your provider at least 24 hours prior to appointment if you cannot make your appointment and set up another appointment.
6. Treat provider and other client's with the same courtesy you expect.

**COMPLETE AND RETURN THIS PAGE**

**PSYCHOTHERAPY AGREEMENT**

I, \_\_\_\_\_, confirm that I have read, or have had read to me, in its entirety, this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the policies and procedures listed in this document. I understand that no specific promises have been made to me by Valerie Kuykendall-Rogers, M.Div., MA, LPC-S about the results of treatment, the effectiveness of the procedures used by her, or the number of sessions necessary for therapy to be effective. I understand that after therapy begins, I have the right to withdraw my consent at any time, for any reason. I will make every effort to discuss my concerns about my progress with Mrs. Kuykendall-Rogers, M.Div., MA, LPC-S before making the decision to end therapy.

I hereby agree to enter into therapy with Valerie Kuykendall-Rogers, M.Div., MA, LPC-S (or to have my minor child enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of Client (Parent/Guardian)

\_\_\_\_\_  
Date

Having met and discussed with this client (and/or client's parent/guardian) the policies and procedures outlined in this document and having responded to all questions posed, I believe this person fully understands the information presented. I find no reason to believe this person is not fully competent and capable, legally or otherwise, to give informed consent for therapy. Therefore, I, Valerie Kuykendall-Rogers, M.Div., MA, LPC-S agree to enter into a counseling/therapy relationship with this client as shown by my signature here.

\_\_\_\_\_  
Signature of Psychotherapist

\_\_\_\_\_  
Date