

PROFESSIONAL DISCLOSURE STATEMENT AND INFORMED CONSENT



Professional Disclosure Statement

Counseling is a process. It can be conducted in many different ways depending on the style of the counselor. Before we begin, I want to take this opportunity to make sure that you understand your rights and responsibilities as a client, as well as understanding my role as your counselor. I hope that our relationship will be a positive one for you and that I can effectively help you on your path to healing.

Professional Qualifications: I am a graduate student in the Human Development and Counseling program at Vanderbilt University working towards the completion of a master's degree. Through my education and training, I am qualified to work with you under the supervision of a licensed clinical supervisor. I will share with my supervisor information regarding your case, including diagnosis and treatment. My education has prepared me to counsel individuals (children, adolescents, and adults), groups, parents, and families.

Experience: In my master's program and under supervision, I have counseled children and adolescents in the school system and children, adolescents, and adults working through rape and sexual abuse issues.

Nature of Counseling: Healing and becoming a survivor is a conscious choice. It is choosing life and all that your life or your child's life was meant to be. This happens by walking the path of healing through therapy. Counseling can provide the opportunity for healing and growth in the context of a safe, supportive, and therapeutic relationship. This can sometimes be a slow and difficult process. The theories that I will use in working with you are Person-Centered and Cognitive-Behavioral Therapy. This means that I will work to build and maintain a relationship with you based on trust, respect, compassion, genuineness, and connectedness. We will be working together toward the goal of empowerment.

Informed Consent

Counseling Relationship

During the time that we work together, we will usually meet weekly for 45-50 minute sessions. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to the counseling sessions that you arrange with me except in the case of an emergency. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or

ask me to relate to you in any other way than in the professional context of the counseling sessions. The therapeutic relationship will be the most beneficial to you if our time together is focused exclusively on your goals and concerns.

Effects of Counseling

Counseling can be a very difficult process. I expect that you will benefit and grow from the experience, but there is no guarantee. Counseling involves personal exploration that may lead to changes in the way you view and make decisions about things in your life. Counseling can affect your significant relationships, job, and understanding of yourself. While I anticipate many of these changes to be positive, they can also be stressful. I want you to feel free to talk to me about the positive or negative effects. This process is about you and for you, and I want to work with you to achieve the best possible results.

Client Rights

The healing process varies for each individual. Some clients may need only a few sessions while others may need several months or years of counseling. Throughout the course of your treatment, I will bring in many different counseling techniques and suggestions. You have the right to discuss, modify, or refuse any of these. At any time and for any reason, you also have the right to end our counseling relationship (although I would request a termination session to bring closure to our work). Counseling is a voluntary act, and you are in complete control.

Cancellation

Your session is reserved for you. Individual therapy sessions last approximately 45 to 50 minutes from the time they are scheduled. In order to best meet the needs of all my clients, sessions may not be extended if you happen to arrive late. Extra sessions and telephone counseling can be arranged in times of crisis.

Consistent attendance is very important to the therapeutic process. If you are not able to attend a scheduled session, please let me know within 24 hours. If you miss more than two consecutive appointments, I reserve the right to terminate our counseling relationship and provide you with a suitable referral.

Referrals

I recognize that I may not be able to provide the best possible treatment for every condition that a client may have. In the case that you or I believe there may be a better treatment, we will discuss alternative services and referrals.

Emergencies

In the event of an emergency, I can be reached during business hours at (615)259-9055 ext. 531. Since I am not usually available directly, my voice mail will take your message. I will return your call as soon as I am able. You may also try to reach my supervisor

██████████ at (615) ██████████ ext. 238. If you need immediate attention and I or my supervisor are unavailable, please call the 24-Hour Crisis Line at (800) 879-1999 (24 hours, 7 days a week).

Fees

The Rape & Sexual Abuse Center is a non-profit organization with many different payment alternatives. A member of our financial department will explore appropriate payment options.

Records and Confidentiality

I will keep records of all of our communication. These records (such as session notes) are my property, but you have a right to view or obtain the information within your file. Adult client records are disposed of seven years after termination of the counseling relationship. Records of minor children are disposed of seven years after the client's 18th birthday.

I will keep everything that you say to me in the strictest confidence except in the following situations:

- (1) You provide me with your consent to release information;
- (2) I have reasonable suspicion that you are a threat to yourself or someone else;
- (3) You disclose abuse or neglect of a child, elderly, or disabled person;
- (4) You disclose sexual contact with another mental health professional;
- (5) I am ordered by the court to disclose information; or
- (6) I am otherwise required by law to release information.

If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

I look forward to working with you and hope to make your counseling experience a positive one of growth and empowerment. Please feel free to ask me to explain further or answer any additional questions that you may have. Your signature below confirms your commitment to healing and indicates that you have read and understood this statement. My signature indicates my commitment to your therapy in a professional manner consistent with accepted legal and ethical standards.

Client Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____