

Professional Disclosure Statement

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Cypress, Texas 77429
281-772-4562

This document is designed to provide you with information about your counselor and to ensure that you understand the professional relationship of the counselor and the client. Please take the time to read and carefully consider the points made. After reading each section please initial each section after you have read it to indicate your understanding. I will be happy to answer any questions that you have in regards to the information presented.

Qualifications/Experience

I am a graduate of Our Lady of the Lake University and have obtained my Masters of Science in Psychology. At present I am a Texas Board Licensed Marriage and Family Therapist, Licensed Professional Counselor.

Initials of Client _____

Counseling Philosophy

For counseling to be effective, you and I both must be actively involved in developing counseling goals and assessing progress. Efforts to change self-perception, emotions, and behaviors require work both in the session and out of the session. Some change may occur rapidly and without difficulty, but more often change requires slow, conscious, and repeated efforts. Although counseling interventions offer benefits, they also present possible risks. Such risks might include feelings, which are uncomfortable such as: sadness, guilt, anxiety, anger or frustrations. As a result of change you might experience feelings of discomfort until you adjust. Benefits may include such things as gaining insight into your problems, developing coping skills and resources, and changing yourself so that participating in life's daily activities generally becomes a more positive experience.

You have the right to end our counseling relationship at any time. If counseling is successful, you will feel that you are able to face life's challenges in the future without my support or intervention; however, I will endeavor to make my services available to you in the future if warranted. I promise that in our counseling relationship, I will never assume that I know more about you than you do.

Although our session will be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. To insure objectivity our contact will be limited to the sessions you have with me. Please do not invite me to social gatherings, offer gifts, social media or ask me to relate to you in any way other than in my professional context in our sessions. You will be best served if our relationship remains strictly professional and if our contact concentrate exclusively on your concerns

Initials of Client _____

Referrals

If at any time, for any reason, you are dissatisfied with my services, you may report your complaints to the Texas State Board of MFT at (512) 834-6657, LPC at (512)834-6628. I will also help you find another counselor with whom you might be able to work more effectively if need be.

Initials of Client _____

Cancellations

In the event that you are unable to keep an appointment, please notify the office at (281) 772-4562 as soon as possible, at least 24-hours notice.

Initials of Client

Records and Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you on request. I want to keep confidential anything you say to me by **there are several exceptions when this may not be possible**. They are a) you direct me in writing to tell someone; b) I determine that you are a danger to yourself or others; c) I am ordered by a court to disclose information. I am also required by law to report any disclosed case of d) child abuse (which may include but is not limited to sexual and /or physical abuse and/or neglect); e) abuse of the elderly or handicapped; f) a sexual relationship with another therapist or counselor; and g) if you bring a malpractice suit against me. In the event that as your counselor I leave this agency or another counselor continues and/or resumes your counseling services they will be permitted access to any pertinent counseling records on file. As the client you have the right to view your file. A release of information and a written request must be submitted to me and I will then respond to that request as quickly as possible and make arrangements for you to view and/or receive copies of documents contained in your file.

Initials of Client _____

Other:

It is my intention to render my services in a professional manner consistent with accepted standards of practice. It is impossible for any counselor to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you if you have any questions regarding any of this information, please feel free to ask. Sign and date both copies of this form if you agree to the terms stated herein.

Clients Printed Name

Clients Signature/Date

Clients Printed Name

Clients Signature/Date

Minors Printed Name

Minors Signature/Date

Counselors Signature

Date