

Jocelyn Womack, MA, LPC
DISCLOSURE STATEMENT

Services provided by your counselor include, but are not limited to: individual therapy, group therapy, adolescent therapy, marriage and couples counseling, and family counseling.

Staff qualifications: Counseling/education classes will be provided by Jocelyn Womack, Licensed Professional Counselor, who has met the requirements for licensure for the State of Texas.

Counseling relationship: During our counseling sessions, we will direct our mutual efforts toward agreed upon goals determined on an individual basis. The sessions will last approximately 45-50 minutes. Although the counseling sessions and educational classes may be very personal, the relationship between you and your counselor is a professional one rather than a social one. Contact with your counselor will be limited to counseling sessions, and/or classes, and you will be best served if the sessions concentrate exclusively on your concerns. Counselors are not able to give out private information.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes may be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best results for you.

Your counselor recognizes that not all conditions presented by clients are appropriate for counseling services. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or other professionals who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request.

The following actions may lead to immediate termination of the session: arriving for a counseling session or for a class intoxicated or under the influence of an illegal substance, threats or violence to any counselor or other clients receiving services at this location. Your counselor reserves the right to discontinue counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician.

Your counselor does not provide 24 hour crisis counseling services. In the event of a psychiatric emergency, contact the crisis hotline at 1-800-273-8255 or your primary care physician or go to your nearest emergency room.

Confidentiality: Your counselor will respect the privacy of your records. Information discussed in counseling will not be shared with other individuals unless you have given your written consent. Exceptions and limitations to these parameters of confidentiality are as follows:

- You disclose abuse or neglect of a child, elderly, or disabled person
- Your counselor determines that you are a danger to yourself or to someone else
- If your records are subpoenaed by a court of law
- You disclose sexual contact with another mental health professional
- Your direct in writing to release your records (applicable fees for report writing will apply at a rate of \$1.00 per minute).

In the event that your counselor must telephone you for purposes such as appointment cancellations or to give/receive other information, efforts will be made to preserve your confidentiality. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

You, the client, understand that your records and all communications become part of the clinical record. Records are the property of Jocelyn Womack, LPC. All records are disposed of five (5) years after the client has stopped receiving services.

In the case of marriage, couples, or family counseling, I will keep confidential (within the limits cited above) information you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge any secret to be detrimental the therapeutic process.

Fee/Payment: Counseling services are by appointment only. You are responsible for keeping your appointments and arriving on time. In the event that you cannot keep your appointment, it is your responsibility to notify the office at least 24 hours in advance to cancel or to reschedule an appointment. After two consecutive missed appointments without notification, your regular time slot will not be reserved.

Payment is due at the time services are rendered in which you agree to pay \$_____ per counseling session

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It is understood that you (the client) will be billed \$_____ and agree to pay the total amount for each no-show session and sessions cancelled less than 24 hours of your scheduled appointment time. You also agree to pay the \$30 check fee for any checks that are returned for non-sufficient funds.

Should a subpoena be served, you the client agree to pay a retainer fee of \$1,500 with a charge of \$150.00 every hour the counselor is involved in case presentation, phone calls, travel, witness time, and other court-related processes.

Client Rights:

Some clients need only a few counseling sessions to achieve their goals: others may require months or even years of counseling. You may end our counseling relationship at any time, although I do ask that you participate in a termination session. My goal is to provide services to you in a professional and ethical manner. If you are dissatisfied with your counselor's services, please inform your counselor. If you believe your counselor has not behaved in a professional or ethical manner, you may report your complaint to: The Texas Board of Examiners of Professional Counselors, Complaints Management and Investigative Section, PO Box 141369, Austin, TX 78714-1369. Phone number 1-800-942-5544.

By your signature below, you are indicating that you have read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you have received a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client signature/Guardian's signature

Date

Counselor's signature

Date

I hereby state that I have managing conservatorship for (dependent child's name)_____.

I give my permission of him/her to receive services by Jocelyn Womack, LPC. I will provide court documentation regarding conservatorship of of my child
