

## **Professional Disclosure Statement**

### **My Background**

In relation to the field of psychotherapy and counseling, I hold a Master of Arts degree from the University of West Georgia in Humanistic Psychology, completing internship training at Tanner Medical Center (Carrollton, Georgia) in both in-patient and out-patient settings. I am licensed in the State of Alabama as an Associate Licensed Counselor and practice independently under the clinical supervision of Gary Williams, Ed.S., LPC.

My training is in existential, client-centered, Gestalt, and psychodynamic psychotherapies. I have completed a two-year training program at the Gestalt Institute of Cleveland. I also write on the subject of existential-phenomenological psychology and am planning doctoral study in the field of humanistic psychology.

My professional memberships include the American Psychological Association (APA), Association for Humanistic Psychology (AHP), American Counseling Association (ACA), Alabama Counseling Association, and the American Academy of Psychotherapists (AAP) – Southern Region.

### **The Counseling/Therapeutic Process**

My approach to therapy is person-centered, Gestalt, existential, and psychodynamic. In person-centered therapy, the therapist accepts his or her client unconditionally, is non-judgmental in attending to a person's experience, and attempts empathetically to understand his or her client's struggles and suffering. Also, the therapist is open with his or her own experience of the relationship with the client, and attempts to facilitate the deepening of a person's experiential awareness. In person-centered therapy, the therapist does not evaluate a person, give advice, or suggest the direction for therapy. Likewise, in Gestalt therapy, the therapist facilitates a person's awareness of experience, though the therapist may suggest ways in which his or her client may deepen his or her awareness. In existential therapy, the therapist helps the client step back and clarify the meaning of his or her experiences. In psychodynamic therapy, the therapist helps a person understand the way experiences originating in childhood continue to live in the present.

In my practice, I view our relationship first and foremost as a dialogue, and my role as a helper rather than an expert. My desire is to understand your struggles, to facilitate your own awareness of your experience, to help you illuminate meaning in your life, and to reduce your suffering. Unless you desire one or it is required by a third-party, I do not usually provide a diagnosis, nor do I typically require psychological testing.

In the beginning, I may take notes so that I am able to place your experience in a narrative context; however, I try to stop taking notes as quickly as possible, so that I am fully present to your struggles. Also, I may ask you if I may record one of our sessions,

or allow my supervisor to attend one of our sessions, so that I may continue to sharpen my skills as a therapist; however, this is entirely up to you and you may decline if you wish. Finally, as a process of growth and change, a course of counseling or therapy does not have any predetermined length. The therapy is complete when you decide that we are finished, though I ask that we set aside at least one session to process the end of our therapeutic relationship.

### **Your Rights and Responsibilities**

You have the right to decide not to enter into therapy with me or terminate our relationship at any time. Either of us may request a final session to discuss the reasons for termination, and to decide on an appropriate referral if desired.

You have the right ask questions, at any time, about what we do in therapy, and to receive answers that satisfy you. If you wish, I will explain my approach and philosophy with you. You have the right not to allow the use of any therapy technique. If I wish to record a session, I will ask for your informed consent in writing. You have the right to decline.

You have the right to confidentiality in the counseling relationship as described in the next section. You may keep private what you wish during the session, and speak of our session to others.

You have the right to review your records at any time, and to get copies for other professionals to use.

If you must cancel a scheduled appointment, please inform me at least 24 hours before the appointment. If you do not give me 24 hours notice before canceling an appointment, I retain the right to charge you for the missed appointment.

### **My Rights and Responsibilities as Your Therapist**

As a counselor, I am required to adhere to the Code of Ethics and Standards of Practice approved by the Alabama Board of Examiners in Counseling and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy:

I must keep all details of our counseling/therapeutic relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:

1. I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person.

2. If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease. Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so.
3. In short, I have a “duty to protect” you and others from harm.
4. I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.

I may decline to continue our working relationship if I conclude – after consulting with you -- that you would be better served elsewhere, or with another professional.

**Fee for Services**

The fee for one 50 minute session is \$80.00. The fee for one 90 minute session is \$120.00. In cases of need, a sliding scale fee is acceptable. Fees are payable at the time services are rendered.

Please sign below indicating that you understand all the information in this document.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_