

Professional Disclosure Statement



Del Torres Behavioral Health and Wellness

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Education, Training and Experience

Welcome! My name is Shanika Torres, Licensed Professional Counselor (LPC) in the state of Texas (License Number: 82052), and owner of *Del Torres Behavioral Health and Wellness LLC*. I graduated from George Fox University in 2014 with a Masters of Art degree in Clinical Mental Health Counseling and I also hold a Masters of Education in Applied Behavior Analysis (the study of human behavior) from Arizona State University. My undergraduate degree includes a Bachelor of Science degree in Criminal Justice Administration and an Associates of Art degree in Spanish. I obtained specialized training in anger management for youth and adult populations through the National Anger Management Association. I have experience working with individuals, couples, families, at risk youth, domestic violence victims and offenders as well as developmentally disabled populations.

Philosophy and Approach

My philosophy encompasses elements of Cognitive Behavior Therapy (CBT), Dialectical Behavioral Therapy (DBT), Mindfulness, Solution-Focused Brief Therapy (SFBT) and person-centered theoretical approaches. I recognize the unique challenges of each individual and system and seek to integrate emotions, thoughts, and actions to enable fuller, happier lives. I approach counseling using an integrative approach that is tailored to the client's needs. My approach consists of teaching, supporting, and empowering clients throughout the therapeutic process. Using a non-judgmental, direct and interactive approach, I work side by side with clients to achieve short and long-term goals they want to achieve for themselves and will abide by the Code of Ethics for counselors and therapists adopted by the Board.

Continuing Education Requirements

As a Licensed Professional Counselor in the state of Texas, I am required to complete and report 40hrs of continuing education activities, as specified by the Texas State Board of Examiners of Professional Counselors, at the time of my license renewal.

Diagnosis and Treatment

In order to develop a therapeutic treatment plan, a diagnosis *may* be made of your mental health status based on criteria from the most recent edition of the Diagnostic and Statistical Manual—currently the DSM-V. If a diagnosis is made it will become a part of your client history and medical record.

Payment and Fees for Service

Although I am paneled with several insurance providers, it is the client's responsibility to ensure services will be covered before the first session. I accept cash and credit cards as additional forms of payment. I appreciate it when payments are made upon arrival for your appointment. Client will be billed for any fees not covered by insurance provider. For out of network clients, we are happy to provide an invoice for services rendered so that you can submit to your insurance provider for possible reimbursement upon request.

_____ Client Initials _____ Therapist Initials.

Length of Session	Individual/Family Counseling
Initial Session (60-90 minutes)	\$120 per session
Follow Up Session (60 minutes)	\$100 per session
Follow Up Session (45 minutes)	\$75 per session
Follow Up Session (30 minutes)	\$65 per session

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Group therapy fees vary depending on the number of participants and length of sessions. All clients will be made clearly aware of the financial obligations pertaining to their therapy through consultation with the counselor prior to the start of their initial session. ***The cost of additional test material and/or workbooks (if required for treatment) are extra.

Legal Proceedings

In order to protect client confidentiality and the treatment relationship, it is my policy to never to participate in any legal proceedings involving current or former clients. This means that I will not testify in cases of divorce, child custody, workers' compensation, competency, or any other legal actions. By signing your initials you acknowledge that you have read and agree that you will not involve *Shanika D. Torres, LPC/ Del Torres Behavioral Health and Wellness LLC*, or any business she is affiliated with in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings. _____ Client Initials _____ Therapist Initials.

Letters for Clients

There is no fee charged for forwarding your records to another medical or mental health professional provided you give your written consent. However, fees for letters written to an employer, attorney, parole or probation officer, court system or other person or agency on your behalf are charged at \$75.00, which is payable prior to the letter being released.

Client Bill of Rights

As a client of a Texas Licensed Professional Counselor, you have the following rights:

- To expect that a licensee has met the qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions:
 - 1) Reporting suspected abuse against children, elderly or other vulnerable populations;
 - 2) Reporting specific intent to harm yourself or others;
 - 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies;
 - 4) Providing information concerning licensee case consultation or supervision; and
 - 5) Defending claims brought by you against me;
 - 6) To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Public Encounters

Given that Spring, TX is the local community where I reside; it is likely that we may inadvertently see each other in other public settings outside of my office. Should this occur, I would like you to know that my intent is to always protect your privacy and confidentiality. Therefore, I will not initiate contact with you in public. However, should you choose to do so, I am happy to respond appropriately.

Cancellation/ No Show Policy

Del Torres Behavioral Health and Wellness LLC requires cancellation 24 hours before your appointment. Clients who do not present for a scheduled appointment and/or do not call to cancel before 24 hours will be billed a missed appointment/ no-show fee of \$50. _____ Client Initials _____ Therapist Initials.

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EAP Cancellation/ No Show Policy

EAP clients will not be charged for missed appointments; however, per EAP contract guidelines *“the client will then forfeit the missed session(s)”*. _____ Client Initials _____ Therapist Initials.

Arriving late with notification: If you notify your therapist—even a few minutes ahead of time—by calling (713) 903-3637, your appointment time will be held for you and you will have the time which remains for your scheduled appointment. As long as you arrive within your scheduled time, you will not be charged for a missed appointment. _____ Client Initial _____ Therapist Initial

Arriving late without notification: Your therapist will wait for you for 15 minutes past your scheduled appointment time, after which she will assume you are not coming and may leave the office. In such a case, you will be charged for a missed appointment/ no-show fee of \$50. _____ Client Initial _____ Therapist Initial

Complaints

While in professional counseling services, your respect and dignity will never be intentionally compromised, but if you feel at any time that you have a concern or complaint in counseling, please share this concern or complaint directly with the counselor. In many cases, doing so brings about a resolution acceptable to all. However, if the complaint cannot be resolved with your counselor, you have the right to contact the Texas State Board of Examiners of Professional Counselors at:

Complaints Management and Investigative Section

P.O. Box 141369, Austin, Texas 78714-1369

Telephone: (800) 942-5540

For additional information about this licensee, consult the Board’s website: **Website:**

www.dshs.texas.gov/counselor

Acceptance of Terms

I have read *Del Torres Behavioral Health and Wellness’* professional disclosure statement and agree to abide by the terms and conditions mentioned above.

Print Client Name: _____ Date: _____

Client Signature: _____

Counselor Signature: _____ Date: _____

Minor Client Consent to Treatment:

THERE IS an applicable court decree naming conservator (please provide documentation).

THERE IS NOT an applicable court decree naming conservator, but I declare that I have the legal authority to enroll client in mental health counseling services.

With an understanding of the above information and conditions, I affirm that I am the parent/legal guardian of (print client name) _____ and I grant permission for my child(ren) to participate in counseling/therapy.

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature _____

Counselor Signature: _____ Date: _____