

KL Jackson Counseling Services

Professional Disclosure Statement

Qualifications and Experience: I am a Licensed Professional Counselor that is qualified to counsel adults, adolescents, children and groups. My Bachelor's Degree is in Psychology from Texas State University. I hold a Master of Science in Counseling from the University of Houston-Clear Lake. I have over 14 years of experience working in education, and 11 of those years a school counselor. In addition, I have experience working with parents, families and children through various organizations.

Nature of Counseling: The purpose of counseling is to promote individual and relational growth by reaching goals that are mutually agreed upon by the counselor and client. It requires your participation, commitment and willingness to the process. My approach to counseling is to provide you, the client with a safe and accepting atmosphere so that you will be able to gain self-awareness and clarity to help achieve your therapeutic goals. I will use different therapeutic approaches and techniques based on the client's needs.

Informed Consent

Counseling Relationship: During the time that we work together, we will meet for 50-minute sessions (sessions with children and adolescents are 45 minutes) The relationship will be a professional counseling relationship. All contact will be limited to counseling sessions arranged through the practice. You will be best served if our sessions concentrate exclusively on your concerns.

Client Rights and Responsibilities: As a client, you are in complete control of the number of sessions you will attend and may end the counseling relationship at any time, though a termination session is recommended. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful. Clients must agree to come to counseling free from the influences of drugs including alcohol. All services will be rendered in a professional manner consistent with current ethical practices stated by the Ethical Codes of the Texas State Board of Examiners of Licensed Professional Counselors. If at any time you are dissatisfied with my services, please let me know so that we can work through any issues. If I am not available to resolve your concerns, you may report your complaints to to the Texas State Board of Examiners of Professional Counselors, Texas Board of Licensed Professional Counselors Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 Phone: 1-800-942-5540

Referrals: Should the client believe that a referral is needed, I will provide alternatives, including programs and/or people who may be available to assist. A verbal exploration of alternatives to counseling will also be made available upon request. Clients will be responsible for contacting and evaluating those referrals and/or alternatives.

Cancellation: Cancellations must be received at least 24 hours before your scheduled appointment; otherwise you will be charged \$75 for the missed appointment. A copy of your credit card will be kept on file.

Records: Records may be released only with your written authorization. However, your right to privacy is waived if records are subpoenaed by the court. In these instances, any communication made during the assessment or treatment phases are not protected and may be disclosed at trial and to the parties of the suit requiring the information. All client records are kept for seven (7) years after the time of discharge. After the 7-year period, documents are properly destroyed and discarded.

Confidentiality: Discussions between a therapist and client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include, but are not limited to, the following situations: risk of harm to yourself or others, child abuse, abuse of the elderly or disabled individual. At this time, I can notify the appropriate agency for action and may do so without notifying you directly.

E-mail and text messaging are mediums of communication for which I cannot guarantee confidentiality. For that reason, you may elect to contact me via one of these methods, and if doing so, you assume all responsibility for the information shared across these mediums. If I am contacted by you via e-mail or text message, my policy is to only respond to messages that are administrative (rescheduling appointments, directions, etc.). I will not provide counseling via e-mail or text message.

Social media of any kind are not considered secure or confidential. As such, I will not acknowledge messages, requests or any contact made to me or my office via social media.

For further information, review the notice of privacy practices furnished to you in conjunction with this professional disclosure and consent document.

Counseling Children and Adolescents: Minors will be best served when confidentiality is maintained within the counseling relationship. Therefore, details of the sessions will be kept confidential. I will share information about a child's sessions with the child's parent or guardian only when it is determined to be in the best interest of the child. You have the right to request a parent consultation to discuss any questions and concerns regarding your child's progress in counseling. If a divorce or a separation of parents has occurred, a current copy of the relevant court documents is required to begin services. If joint custody exists, the parent not bringing the child has rights to call with questions and to participate in their child's counseling— (unless parental rights have been restricted by a court order) in the treatment process.

Emergency Contact: If you have a crisis after office hours, please go to the nearest hospital emergency room, call your physician, dial 911. If a hospitalization occurs, please contact me, to coordinate your care.

Acknowledgement and Consent: By your signature below, you are indicating that you have read and understood this statement, any questions you had about this were answered to your satisfaction and that you were furnished 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 (or Guardian Signature)

Therapist's Signature

Date

Date

Consent for Treatment of a Minor: I _____ as the parent or legal guardian of the minor _____, give permission for this minor to receive therapeutic services provided by Kristal Jackson. I have read, understand, and signed the informed consent related to this child's therapy and I understand the risks and benefits of receiving these services.

Minor's parent or legal guardian

Date