LAKEVIEW CHURCH

Client Disclosure and Informed Consent



Background Information

I have worked in the field of counseling since August of 2018. I graduated from Grand Canyon University with a master's in Christian counseling and graduated from Angelo State University with a bachelor's in science. I am a Licensed Professional Counselor. My training comes from a variety of settings including 5 years as a teacher in a private Christian school, practicum experience on a crisis intervention unit associated with a hospital, trauma informed care as a foster parent for 2 years, and community involvement with a local agency in Wichita county.

Much of my experience includes assisting individuals and support groups in areas concerning abuse, domestic violence, sexual assault, trauma, depression, anxiety, coping skills, grief, miscarriage, and self-esteem issues. I offer Christian, client-centered therapy techniques with the inclusion of cognitive behavioral methods. I understand that I should focus on what people believe about themselves, others, and the world around them. I concentrate on the fact that we are all given willpower to make our own choices regarding beliefs, thoughts, actions, and emotions. I believe that when we allow the Holy Spirit to guide our decisions, then our perspective of life and how we choose to live can be adjusted in a more meaningful way.

I place much value in a holistic approach that incorporates the mind, body, and spirit and I recognize that each person holds varying perspectives and needs. I am seeking to assist you in setting and achieving your goals and this can be gained by examining and changing thought patterns that are negative and problematic; as well as exploring feelings and identifying behaviors that are hindering your potential and/or are self-destructive. When we analyze our thoughts, emotions, and actions, we can determine the truth underneath the concerns. This discovery will allow you to make positive adjustments and then you can live a life full of opportunity. The purpose of counseling is to learn how to have healthier and more satisfying relationships and to live life according to your beliefs and values.

If you would rather that I not examine or integrate faith principles into the counseling sessions, kindly make note of these wishes on your intake form and I will respectfully adhere to this requested preference.

Limits of Treatment and Code of Ethics

As your counselor, I am unable to prescribe medication. There are many occasions in which I may challenge you with a task outside of sessions such as journaling or an exercise. This is only to maximize the benefit you receive from being under my care. If either of us is unsatisfied with the progress being made, then I may make a referral for you to consult a therapist, psychiatrist, or physician to ensure a different direction of treatment is or is not needed. I will also make referrals in situations when I feel like the client's needs are beyond my scope of practice or ability.

If you become dissatisfied with my services and we cannot resolve the problem, you may report any complaint to the Texas State Board of Professional Counselors. You may visit: www.dshs.texas.gov/counselor or write to:

Texas State Board of Professional Counselors
Investigations
PO Box 141369
Austin, TX 78714-1369

Confidentiality

One of the most essential elements of counseling is client/counselor confidentiality. This builds a relationship of trust and security. Therefore, all the information disclosed during sessions will not be revealed to anyone without written permission.

By law there are disclosure exceptions which include:

- A reasonable suspicion that a child (18 and under), elder person (65 and older), or dependent adult (regardless of age) has been harmed by a client;
- Direct client admission of serious or imminent suicidal threats;
- Direct client admission of harmful acts or threatened action that is serious, imminent, and attainable against a clearly identified third person or group of persons;
- If a request is made by the court that requires me to release information, then I must comply. I will inform you if this is happening;
- You waive your privilege to confidentiality if you bring charges against me.

Although our sessions are conducted in a friendly way and are quite personal, our relationship will be maintained on a professional basis. These boundaries will limit conversations outside of sessions. If I see you in public, I will protect your confidentiality by not acknowledging our therapeutic relationship. You are in control of the counseling relationship. If you choose to approach me in public that will be left to your discretion. I will not discuss your counseling goals or any therapeutic content in any public place.

Email policy. If you choose to email me at sarahefulfer@outlook.com, please be advised that email mediums such as email are not secure and I cannot guarantee the confidentiality in this form of communication. If you choose to send an email, I will respond within 24-48 hours.

Social Media

I do not accept "friend" requests or similar connections with clients on social media. This is to protect your confidentiality and privacy. If you would like to "Like" my professional Facebook page or "Follow" me on any social platform, you may do so at your own risk. Please note that this is not a way to contact me, especially in an emergency.

If you would like me to review your (or your child's) social media interactions as part of the therapeutic work, please print (or email) what you would like reviewed the day of the session. Even if your or your child's social media accounts are public, I will not examine them without your specific consent and direction.

Please note that any social media apps you may use seek to connect you with me or with other visitors to this office, through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

Minors

Information disclosed by a minor to the counselor remains protected and will not be shared with the parent/guardian(s) unless the information falls under a disclosure exception previously mentioned in the **Confidentiality** section.

*****Per the LPC Code of Ethics, prior to the commencement of counseling services to a minor client who is named in a custody agreement or court order, a licensee shall obtain and review a current copy of the custody agreement or court order, as well as any applicable part of the divorce decree. A licensee shall maintain these documents in the client's record.

Professional Records

I am required to keep appropriate records of our therapy session. These notes will include the date, topics discussed, what interventions were utilized in sessions, the goals and progress we set for treatment, your medical, social, and history, any records received from other providers, and any outside tasks requested. Your files will be maintained in a secure location in the office. Except in unusual circumstances that involve a danger to yourself, you have the right to a copy of your file. These are professional records and can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you review them initially with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse the request for access to your records, you have the right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request (i.e. release of information form). I am required by law to keep your records of sessions for a period of 5 years from the date of our last contact.

Appointments

We can schedule appointments via phone, email, or in person at the end of each session. Each session will last for approximately 50 minutes and scheduled on a weekly basis or some sessions may be scheduled more/less frequent on an as needed basis. You are responsible for coming to your session on time. If you are late, we will end in the designated time slot and not run over into the next session. If you need to cancel or reschedule an appointment, I ask that you give me a 24-hour notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the amount of $20.

Fees

Fees are based on household size and income. The maximum fee per individual, couple, or family is $75, but can be reduced based on need. We accept cash, debit/credit cards, HSA reimbursement (Visa, Master Card, American Express & Discovery). **We Do Not Accept Insurance.**

Sliding Scale Fee for Counseling Services

Household Size	Minimum Payment $35	If gross household income is more than the previous column and less than : $50	If gross household income is more than the previous column and less than : $65	If gross household income is more than the previous column and less than : $75	If gross household income is more than the previous column and less than : $90	If gross household income is more than the previous column and less than : $100
1	$12,760	$15,950	$19,140	$22,330	$25,520	$25,648
2	$17,240	$21,550	$25,860	$30,170	$34,480	$34,652
3	$21,720	$27,150	$32,580	$38,010	$43,440	$43,657
4	$26,200	$32,750	$39,300	$45,850	$52,400	$52,662
5	$30,680	$38,350	$46,020	$53,690	$61,360	$61,667
6	$35,160	$43,950	$52,740	$61,530	$70,320	$70,672
7	$39,640	$49,550	$59,460	$69,370	$79,280	$79,676
8	$44,120	$55,150	$66,180	$77,210	$88,240	$88,681

Emergency Procedure

A message may be left on my voicemail any time by calling 940-592-2776. Please clearly indicate that it is an emergency and leave a number where I can reach you. If a crisis situation arises, then you may need assistance before I have the opportunity to receive your call. If this is the case, you are advised to call 911, your primary physician, and/or proceed to the nearest emergency room or clinic.

Termination of Services

Termination of therapy services should not occur by telephone. Completing the therapy treatment plan is an essential part of the process. For this reason, I strongly suggest that we use 1-3 sessions to conclude our work in therapy. However, if at any time, you find that this therapeutic process is not meeting your needs, you have the right to request a change in direction or to discontinue treatment. If more than 60 days has passed since our last contact and I have not received any word from you, I will accept that as your notice that you no longer wish to continue counseling and that our therapeutic relationship has terminated.