

Professional Disclosure Statement and Informed Consent

This document is designed to provide information concerning your counselor's competency, philosophy, and chosen techniques and to ensure that you understand the professional relationship of the counselor and the client. This consent will be explained to you orally and I will explain the benefits and risks of counseling and the limits of confidentiality.

Education and Qualifications

I am professional school counselor with a Master's of Education in Counseling. I also have a Bachelor of Science degree in Psychology. In the state of Texas, I hold an Educator's Certificate for EC-6 grades as well as School Counseling for PK-12 grades.

As a professional, I seek to continuously refine my counseling skills and experience new relationships. Clients describe me as attuned to their feelings, and as an understanding professional. I understand that people are basically good and have the ability to resolve their own challenges. I know these individuals only need guidance to obtain new skills and tools to help them achieve their goals and become effective on their own.

Professional Affiliations

I have professional memberships with the American Counseling Association, the Texas Counseling Association, and the Texas School Counselor Association.

Treatment Approach

As a collaborative approach with the student, I will assist the student/client to develop skills and awareness to get them become effective in their lives. My aim is to work with the client to identify areas of growth and provide counseling tools that improve their lives. I also create developmental learning approaches that are customized to meet the client's needs for developmental impact of increased self-worth, self-awareness, and effectiveness. Together, we will establish goals and the manner in which we will work together to accomplish them.

As a client, you may end our counseling relationship at any point, and I will be supportive of that position. If you believe I am not helpful in our counseling relationship, I will help you find another counselor with whom to continue in counseling.

Professional Relationship

Establishing a genuine professional relationship is essential for working together in counseling. As we work together throughout the school year, it is important to understand that counseling is not a social relationship. Our contacts, other than the chance meetings, are limit to appointments, developmental guidance lessons, and classroom interactions. As a professional counselor, I work to establish an authentic and unconditional positive regard that maintains the professional context of our counseling sessions. As you might learn much about me through our counseling relationship, you are experiencing my professional role as your counselor.

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Confidentiality

Information you share in the counseling sessions will be kept confidential with the following exceptions: (a) you direct me to tell someone else, and I agree to do so; (b) I decide you are a danger to yourself or others; (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person, (e) you disclose that a previous therapist sexually exploited you; or (f) or other reasons as specified in laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. I will maintain a written record of our counseling sessions. As you are a client of a professional counselor, there will be times I consult with colleagues to better understand my approaches in counseling. Confidentiality also has limitations for minors. As a member of group counseling or counselor groups (such as X-class or lunch bunches), the leader and the members have a responsibility to uphold confidential integrity. Keeping confidences builds trust. Group members who break confidentiality within the group will be addressed and could be subject to exiting the group.

1. Notice of Privacy Practices and Clients Rights

I have been give the HIPPA of Privacy Practice and Clients' Rights. I understand that the information given below is my preferred contact information for my privacy rights in being contacted.

Consent for Treatment of Minors (if applicable)

I/we consent that my child _____ may be treated as a client by the above referenced counselor.

2. Notice of Privacy Practices and Clients Rights

I have been give the HIPPA of Privacy Practice and Clients' Rights. I understand that the information given below is my preferred contact information for my privacy rights in being contacted.

Consent for Treatment of Minors (if applicable)

I/we consent that my child _____ may be treated as a client by the above referenced counselor.

I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Kristy Quinn. I recognize that she is a professional school counselor and not a private therapist. Sessions are limited in nature and ongoing counseling needs will be a referral to an outside professional not affiliated with Village Tech Schools.

Signatures

Name of student/client: _____ Preferred way to be contacted: _____

Parent/Guardian Signature: _____

Please include the name and phone number of any person you wish for me to contact in case of an emergency or crisis.

Name of emergency contact: _____ Contact information: _____