

PROFESSIONAL DISCLOSURE STATEMENT AND LIMITS TO CONFIDENTIALITY

Becomer Counseling Services

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Please read this entire document, initial if you understand and agree to the terms of each section, and sign on the last page. All adult persons (17+) that will be present in therapy must read and sign this last page.

THE RELATIONSHIP, PROCESS, AND RISKS/BENEFITS OF COUNSELING

The counseling relationship between the client and therapist is one of mutual responsibility. I am honored to have the opportunity to work with you, and I hope that our relationship will be the kind of team process by which we can define the problem, explore goals, learn effective skill-sets to cope with the feelings, and move toward facing and resolving the issues that brought you into counseling. If, at any time, you feel that we are getting off target or you want to change or add new goals, please let me know. We generally will work in four stages:

1. **Exploration** – Initially, our focus is to define the problems and look at background and cause/effect issues.
2. **Goal Setting** – We will set goals for moving you from where you are to where you want to get, in a reasonable way.
3. **Working Stage** – We will work toward reaching the goals as efficiently and effectively as possible.
4. **Conclusion & Termination** – When it is apparent that the goals are on their way to being met, then we will start going longer between sessions, in order to make sure that the progress will be sustainable after therapy. When the client(s) are satisfied that therapy is no longer needed, then we will mutually terminate the therapeutic process.
5. **Risks and Benefits of Therapy**. While the benefits of therapy can be tremendous, there are some risks of which the client should be aware. Counseling can open up levels of awareness, which could cause pain and anxiety. Personal changes often mean changes in relationships. Client should be aware that those to whom they closely relate, sometimes do not respond positively to their changes, and it may become necessary to deal with the relational adjustment. Therapy requires much effort, pain, and struggle, AND marks a season of growth, progress, and healing in a person's life. It may be left to the client to decide if the gain is worth the potential pain.

X_____ Initial here if you read and understand.

LIMITS OF CONFIDENTIALITY

Psychotherapy (Counseling) is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is common emotion expressed in therapy, and if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety. This would include notifying the legal authorities as well as make reasonable attempts to notify the family.

[Limits of Confidentiality (continued). Please initial when you have read and understood.]

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of adult for psychotherapy is 18 years in Texas.

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information form..

X_____ Initial here if you have read and understand

COUNSELING INVESTMENTS AND PROCEDURES

INVESTMENT: Sessions are typically 50 minutes long. The regular counseling investment is \$100 per session (individual, couple, family). Payment is due in full at each session, and either cash, personal check, or credit/debit cards are accepted. I do **NOT** take insurance.

NOTE: I desire to help people who want to change his/her current life situation, will make a definite commitment to do so, and commit to do the difficult, necessary work to experience change/growth. SO, TALK WITH ME. Do not allow the financial to deter you from positive action.

X_____ Initial here if you have read and understand.

Finally, it is my greatest desire that I am able to help you gain insights, tools, skill-sets to improve your situation and life. If you have an emergency and cannot reach me, then contact 911 and/or Crisis Hotline at 817-335-3022, or go to the nearest hospital, because safety is my biggest concern.

X_____ Initial here if you have read and understand.

By signing below, you are indicating that you have read Jimmy McLeod's Professional Disclosure Statement and Limits to Confidentiality, and that you understand it, and consent to the provisions therein, as well as, counseling services for you or any family member you wish to involve in counseling.

X_____

Primary Client Signature (or Guardian if a minor)

Date

Signatures of other Family/Friends that will be in the session:

_____ Date _____

_____ Date _____