

Professional Disclosure Statement & Client Consent Agreement

Gil R Stuart

MA Intern, MAC Cohort #12
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WELCOME

Thank you for joining me in learning more about you, your heart and your goals. This document is supplied for your benefit and protection and provides information regarding my approach to counseling, as well as my education, training, an explanation of your rights as a client.

APPROACH

I believe a counseling relationship provides a safe place for clients to experience healing, growth, and hope. My desire is to work with you to set counseling goals. I work from a Family Systems perspective, which sees people in context of their relationships (family, work, church, etc.). I also apply principles from Emotional-Focused Therapy (EFT) along with Solutions Focus Therapy. By these theories combined view the levels of attachment, connections hopefully will repair trust dynamics to achieve a healthy and vibrant life.

I also see that problems can only be addressed in relationship. Therefore, the counseling relationship provides that unique experience to engage in a relationship that directly address feelings, patterns and themes that arise in our counseling relationship and are likely in other relationships as well. As a Christian counselor, I integrate biblical / spiritual principles as appropriate with client's full consent.

With that in mind, I seek to engage in counseling with you by creating a non-judgmental and compassionate environment. It is very important in counseling that we agree on what we are hoping to change, how we are hoping to change it and that we have a strong bond. As we move forward we will likely have work through these three areas. To keep an open and honest relationship it is both our job to check in with one another on these three points and to work toward your goals. In keeping with generally accepted standards of practice, I frequently consult with other professionals to ensure quality care. Every effort is made to ensure the confidentiality of clients. (During my internship I will be under the supervision of (Justin Farrell, LICSW). This means that I will consult with (Mr. Farrell) about details of all my cases.

EDUCATION, TRAINING and PROFESSIONAL EXPERIENCE

I am earning my Master's Degrees in Counseling. I have a Bachelor's of Science in Cultural Anthropology Studies from Bethany Bible College along with minors in Biblical studies and Business Administration. I have training certifications as a marriage coach and premarital coach and am certified to use the Prepare & Enrich and the Flag Page assessment tools. I also have training with the Speed of Trust material for business environments via the Steven Covey Institute. I have experience working with clients in areas of step family problems, relationships and dynamics, grief, stress, divorce care and spiritual concerns. Co-Author and presenter of the Restored & Remarried, material exclusively focusing on remarried couple's encouragement for the last 10 years. I have been a Professional Insurance Agent for 28 years with a professional designation for 19 of those years as a Certified Insurance Counselor. I am also a licensed pastor with the Foursquare denomination. I am committed to abide by the ACA and AACC Code of Ethics as I learn more about these regulatory entities during my studies at Multnomah University. Projected completion date of my formal education is Spring 2017.

FEE SCHEDULE

Clients will be charged \$ 90 per - 50 minute session: I do not take medical insurance. The responsibility to end the session at 50 minutes is shared equally by client and counselor. Optional longer session is \$135 for 1&1/2 hour. Payment is due at the beginning of the session. A 24 hour notice must be given for cancellation of any appointment. Otherwise, the client will be responsible for the entire fee.

AGREED UPON FEE or compensation: \$ _____ / _____ (____)

Assessments maybe used during our sessions: Fees for Prepare / Enrich \$35.00 or The Flag Page \$20.00 and the Speed of Trust metrics tool \$45.00 or any other assessment tool recommended for treatment.

COUNSELING AGREEMENT

It is agreed that the client shall make a good faith effort at personal growth and engage in the counseling process as an important priority at this time in his/her life. This process is not always easy, and sometimes a client's symptoms may worsen before improving. Suspension, termination or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client.

CLIENT BILL OF RIGHTS

Counseling practices that charge a fee must be registered or certified with the Dept. of Health for the protection of the public health and safety. The purpose of the Counselors Credentialing Act (Chapter 18.19 RCW) is (1) to provide protection for public health and safety and (2) to empower the citizens of the State of Washington by providing a compliant process against those counselors who would commit acts of unprofessional conduct. Clients may request to receive a copy of a brochure put out by the State of Washington.

Consumers of counseling or therapy services offered by a professional counselor have a right to:

- a. Expect that the counselor has met minimal qualifications of training and experience required by state law.
- b. To examine public records maintained by the Board and to have the Board confirm credentials of a counselor.
- c. Obtain a copy of the Code of Ethics if requested.
- d. Report complaints to the Board of Licensed Professional Counselors and Therapists.
- e. To be informed of the cost of professional services before receiving services.
- f. To be assured of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions:
 - (i) Reporting suspected child or elder abuse.
 - (ii) Reporting imminent danger to client or others.
 - (iii) Reporting information required in court proceedings or by client's insurance company or other relevant agencies.
 - (iv) Providing information concerning the counselor's case consultation & supervision.
 - (v) Defending claims brought by client against counselor.
- g. Be free from being the object of discrimination on the basis of race, religion, gender and any other unlawful category while receiving services.

EMERGENCY SERVICES

I am often not immediately available by telephone and do not answer the phone when I am in a meeting with a client. You may leave a voicemail on my cell phone, and I will make every effort to answer it the day it is received. In case of an emergency you should contact the Clark County Crisis Line at 360.696.9560, your physician, 911 or the emergency room of your local hospital and ask for the psychologist or psychiatrist on call.

ACKNOWLEDGEMENT & RECORDING Permission

Email is not a secure mode of communication and the sender should be aware of the potential for others to gain information embedded within such communication.

Also an important acknowledgement is that during Counseling Internship that video recordings for academic use and review of the student / intern during their training period are understood by client. The recordings will be destroyed according to laws mandating such after these video recordings have served their academic purpose. Do you agree to give permission to video or audio recording: Yes / NO – ()

INCAPACITATION OR DEATH

Should I become incapacitated or die the counseling notes will be the property of (Justin Farrell). He is a Licensed Professional Counselor in Washington. He can be reached at 503.539.7707.

CONTACTS & QUESTIONS

If you have any questions regarding the counseling process or this disclosure statement, feel free to ask. If at any time or for any reason, you are dissatisfied with my services, please let me know. If we are unable to resolve your concerns, you may report your complaints to: Intern Coordinator, at Multnomah University at 503.251.6402. Located at: 8435 NE Glisan St. Portland, OR, 97220

Confidentiality and Client Consent:

Mandatory REPORTING

You have the right to be free from being the object of discrimination on the basis of race, religion, gender, or any other unlawful category while receiving services. Everything you say during our sessions will be kept confidential, including the fact that you are being seen as a client, with the following exceptions:

- *You direct me to tell someone else and sign a release of information consent form.
- *If I have reason to believe that a child, developmentally disabled adult, or an elderly person is being abused or neglected. I am required by state law to report this to the proper authorities.
- * If I feel that you are in danger to yourself or another person.
- * If I feel that you are unable to take care of yourself or another person.
- * Under court order, I may have to provide specific information to the court. ()

Any release of information will be discussed with you. As needed, for the purpose of serving my clients in the best way possible. I also will discuss cases on an anonymous basis with professional supervision and consultation with specialists.

ACKNOWLEDGMENT OF RECEIPT

I, _____ have read and fully understand the information provided to me by Gil R. Stuart on pages 1-3 of his Professional Disclosure and Consent Statement.

Client Signature: _____

Authorized Person to give Consent _____

Date: _____ Age: _____ Gender: _____

Counselor Signature: _____ Date: _____