

I am pleased that you have selected me as your therapist. This document is designed to inform you about my credentials and to ensure that you understand our professional relationship.

MY CREDENTIALS:

I am a Licensed Professional Counselor in the State of Texas. I hold a M.Ed. in Counseling and Guidance from Southwest Texas State University and an M.A. in Applied Linguistics from the University of Texas at Austin. I am a Certified Imago Therapist and am trained in Ericksonian approaches to hypnosis and psychotherapy. I am also a professionally trained mediator.

FEES FOR SERVICES:

The fee for a 60 minute therapy session is \$150. Educational seminars on Imago therapy are available on an group basis. Fees for the seminars are based on a set fee for a contracted number of sessions. Under this arrangement, the fee is charged whether you attend the session or not. The fee for each session is due at the conclusion of the session.

CONFIDENTIALITY:

I will keep confidential anything you say to me. However, I am ethically and legally required to disclose information given in confidence in the following cases:

- a.) I determine you are a danger to yourself or others.
- b.) I am ordered by a court to disclose information.
- c.) I determine that you are involved in or have knowledge of child abuse.
- d.) You direct me to disclose information to someone else.

SESSION INFORMATION:

I assure you that my services will be performed in a professional manner consistent with accepted ethical standards. Sessions are 60 minutes in duration. If at any time you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Texas State Board of Examiners of Professional Counselors at (800) 942-5540.

24 hour cancellation notice is requested. Full fee is charged for a missed session without notification.

Name Signed

Date

Name Printed

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