**Professional Disclosure Statement and Informed Consent**

This document is designed to provide information concerning your counselor’s competency, philosophy, and chosen techniques during the counseling session. This is to ensure that you understand the Professional relationship of Counselor and Client and understand the ***benefits*** and ***risks*** of counseling, and the ***limits of confidentiality***.

As a Licensed Professional Counselor-Supervisor, I provide a diverse approach in meeting the needs of my clients. I provide Christian, Bible-based Counseling, along with integrating Evidenced-Based Counseling interventions and clinical approach within the counseling sessions.

**Education Qualifications**

I am a graduate of University of Mary Hardin-Baylor with a master’s in psychology. I am Licensed by Texas State Board of Examiners of Professional Counselors, #16566, 2001. I am a Certified Clinical Trauma Professional, Certified Trust Based Relational Intervention Practitioner (TBRI), Certified Clinical Anxiety Therapist, and Certified Spiritual Counselor, Graduate of Sonship School of the First Born, 2018.

**Treatment Approach**

I assist in guiding clients to achieve goals and overcome obstacles that are of most importance in the client’s life. Together we will work in creating tools that can be used in everyday life beyond the counseling room. Treatment approaches that will be used are: Client-Centered, Strength-Based, which focuses on the client’s strengths, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Trust Based Relational Interventions (TBRI), Solution-Focused Counseling, Brief Counseling, Attachment-Based technique, and Christian Bible-Based Counseling.

Clients who are interested in receiving Christian, Bible-Based Counseling, should be informed and understand that the information, techniques, and tools given to the client will be in keeping with the Christian perspective regarding issues of morality, lifestyle, and character. Clients with **issues that are related to LGBTQ, may need to consider if this counseling platform is a fit between Counselor and Client.**

The counseling relationship is a voluntary relationship, and the client may terminate counseling at any time. If you feel that these services are unsatisfactory in reaching your goals, I will assist you in locating another counselor to continue services.

**Group Format**

Group sessions will focus on adolescent and teen issues including self-esteem, interpersonal relationships, conflict resolution, anger management, stress management, bullying and developing healthy tools to cope with and manage their life. Adult group sessions will have the same agenda. We will process topics such as social media, and self-image, as well as coping with depression and anxiety symptoms during these challenging years. The group will use a strengths-based approach using evidence-based practices including group cognitive-behavioral therapy and solution-focused therapy. Confidentiality of what is discussed in the group will be required from each member and it must be understood that confidentiality depends on the actions and words of the individuals in public settings.

**Professional Relationship**

Though the counseling process will be about sharing, it must be remembered that this is not a social relationship. Our time together will only be extended to the scheduled counseling sessions. As your counselor, I will not accept invitations to social gatherings, accept gifts, or have sexual or romantic contact in any other way than in the professional extent of our therapeutic relationship as it violates the ethical guidelines of the state board of ethics.

**Confidentiality**

Counseling is a very intimate process and what is share is kept confidentially. However, there are limits to the confidentiality clause which include: (1) you request me to tell someone, and I comply with the request; (2) if you disclose wanting to harm yourself or others; (3) I am court ordered to divulge information; (4) you discuss abuse of an elder, child, or an individual with disabilities as required by law; or (5) other limitations as specified in laws of the state of Texas. In court, confidentiality also does not apply to criminal prosecution or to lawful subpoenas in a civil court case. I will keep written documentation of our counseling meetings behind three locked doors and records or minors will be kept seven years after their eighteenth birthday. As I am under supervision, I may be sharing information for educational purposes with my supervisor from time to time.

**Consent for Treatment of Minors (if applicable)**

In the case that in as a parent, I/we consent that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be treated as a client by the above referenced counselor.

**Consent for Treatment of Minors (if applicable)**

In the case that in as a parent, I/we consent that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be treated as a client by the above referenced counselor.

**Other Important Information**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am taking part of group counseling which is an independently chosen process that benefits from my emotional accessibility, candidness, and readiness to be active in the group. These counseling sessions may lead to personal sentiments that can be positive and negative. I am freely entering this counseling relationship with my group leader and fellow group members and will make a conscience effort to work towards my personal and group goals.

As a participant in group counseling, you have the right to be protected from physical and mental threats from others in the group. Any member who is disruptive or threatens another member of the group will be asked to leave immediately and will be terminated from counseling. If anyone feels threatened, it will be handled case by case, and if dissatisfied with the solution, I will assist in referring you to another counseling group.

I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Iris Hackett, LPC-S.

**Reporting Complaints**

To report a complaint to the Texas State Board of Examiners of Professional Counselors, you may write to:

*Complaints Management and Investigative Section*

*P.O. Box 141369*

*Austin, TX 78714-1369*

Or call 1-800-942-5540 to request the forms or obtain more information.

**Signatures**

Name of Client:

Preferred way to be contacted:

Contact Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client or Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

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: