

Professional Disclosure Statement, Informed Consent  
and HIPAA Privacy Notification  
Sharon L. Ward, MS, LPC, NCC



**Do I really need to read this document?**

**Yes**, because as a client, parent or guardian, you have the freedom to choose to enter into or remain in a counseling relationship and need information specific to the counseling process and the counselor in order to make an educated decision about being in therapy. Counselors have an obligation through Professional Disclosure to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. HIPAA requires that you receive information about how your Personal Health Information [PHI] will be used. This document is intended to serve all of these purposes.

While I realize this is quite a bit to read, it is for your protection. Please take your time in reading this document and retain a copy in your records. The most current version of this form is available for download from my website [sharonwardcounseling.com](http://sharonwardcounseling.com). I will review this form with you and any questions you may have at the beginning of our first session.

**Your Rights as a Client(s)**

1. You have a right to ask questions about your therapy and any procedures used during therapy; if you wish, I will explain my approach and methods to you. You have a right to request, and in most cases receive, a summary of your file, including diagnosis, progress and type of treatment. A written request is required. You will be billed at the hourly rate for time involved.
2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer at a cost similar to my own usual and customary fee.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make a decision without consulting with me during session time.
4. If you request it in writing, information can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you. However, I may make the decision, based on the best interest of the client and the Texas Health and Safety Code, to not release records as records may be withheld from a client or parent/guardian if it is determined that release would not be in a client's best interest.
5. You have the right to receive respectful treatment that will be helpful to you.
6. You have the right to a safe environment, free from sexual, physical, and emotional abuse.
7. You have the right to report unethical and illegal behavior by a therapist.
8. You have the right to request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.
9. You have the right to have information about fees, methods of payment, number of sessions, substitutions (in cases of emergencies and vacation), and cancellation policies.
10. You have the right to refuse to answer any questions or disclose any information you choose not to reveal.
11. You have the right to know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
12. You have the right to receive a second opinion at any time about your therapy or therapist's methods. This would be obtained by you, at your expense.

### **What is your therapist's training and licensure?**

I hold a Bachelors degree in Psychology and a Masters degree in Counseling and Human Development. I am credentialed as a NCC (National Certified Counselor # 44958) and a Texas LPC (Licensed Professional Counselor #15340). I abide by the ethical codes and standards as set out by the American Counseling Association and the National Board for Certified Counselors and have fulfilled all requirements for continuing education since my credentialing. Please let me know if you wish to see copies of the codes, standards or subsequent training.

### **What can you expect in counseling?**

I see counseling as a process that means working together ~ exploring and striving to reach therapeutic goals. I may recommend a variety of approaches designed to help you reach therapeutic goals including: in-session suggestions, therapeutic interpretations, challenging your thought or behaviour patterns, experiential exercises, testing, professional referrals, community resources, video-taping of sessions (with your consent), and assignments to be completed outside of the session. I believe that in some cases, clients can be best served by a treatment team approach and consultation within your treatment team will be essential in achieving your goals. Either of us may refuse to participate in services or specific modes of therapy and we will discuss the reasons and pros and cons of those decisions. Change is not always comfortable. We may be discussing things that are confusing or troubling and at times you may leave sessions feeling uncomfortable, upset or with questions left for you to process and work on for or in the next session.

Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended. We will work together for a desirable outcome; however, there is a possibility that the goals of therapy will not be met.

Therapy is not an exact science and sometimes, despite therapy, situations will worsen. I always welcome your thoughts about how this process is working and any concerns you may have. The more information we have from each other, the greater likelihood of a desired outcome from therapy. At times, to maintain the highest possible standards of care for you, I may seek appropriate supervision or consultation. If it does not appear to me that you are benefiting from treatment I reserve the right to refer you to a physician for medication evaluation, a treatment facility or agency or to another therapist.

### **Are there any limits to confidentiality?**

Confidentiality is not the same as privileged information, such as attorneys and clergy have. Circumstances exist where I must, ethically or by law, break confidentiality without signed consent. This includes but is not limited to the following: **1)** To protect yourself and others, if I become aware that anyone, including yourself, is in danger of imminent, serious and foreseeable harm, I may choose to take action - which may include but is not limited to: contacting authorities, spouse, parent/guardian or person in danger. **2)** If a judge subpoenas your records. **3)** Where there is any question of any children or elderly being abused, the appropriate protective services agency will be contacted. Other possible exceptions to confidentiality include court orders fee disputes, negligence suits against the therapist, or the filing of a complaint with the licensing board. In the interest of protecting your privacy, if I see you outside the office (for instance, in a restaurant or store), I may smile or say hello, but I will not initiate a conversation unless you do so first. Client information is not released without a signed (by the client or parent/guardian) consent form indicating what is to be released and to whom except as noted above. Requests for release of information to others, copies of records or treatment summaries must be made in writing or via subpoena. However, I may make the decision, based on the best interest of the client and the Texas Health and Safety Code, to not release records as records may be withheld from a client or parent/guardian if it is determined that release would not be in a client's best interest.

If you have any questions or concerns about how your PHI [Private Health Information] is used, please contact me [Sharon Ward] directly.

### **What about couples therapy?**

If you are planning on marital, couples or premarital therapy, each partner will need to sign a Release of Information form so that all information that I receive from the couple is available for use at my discretion with both members of the couple. Either partner may revoke their own release of information may at any time in writing, but if this is the case, then couples therapy will cease at that point.

### **How do confidentiality and consent to treatment work with minor aged children?**

While it is my preference to have family members involved in any work I do with minor aged children, Texas Family Code Chapter 32 states that children can present themselves for counseling for physical, emotional or sexual abuse, suicide prevention or chemical dependency without parental consent. Where the client is a minor aged child, it is very important for the therapist to build trust with the child to facilitate the confidence necessary in the therapeutic relationship. Therapy is not likely to be successful without this trust. Children, like adults, want to know that what is said in the therapist's office will remain confidential until the child chooses to disclose their own information. As a parent, guardian or managing conservator, this means that you are waiving the right to detailed, specific information about your child's sessions and also waive any and all liability for the therapist's good faith refusal to provide information about your child or child's records. I will ask a child's permission to provide parents or guardians with information that will be helpful to the therapeutic process and in the interest of the child's safety. However, Texas Family Code Chapter 32 states that the treating professional **may** with or without the consent of the child, advise the parents, managing conservator or guardian of the child of the treatment given to or needed by the child.

### **What are your therapist's office hours?**

I am in the office varying hours Monday – Thursday.

### **What are standard fees and how should payment be made?**

Payment is due at the beginning of each session and may be paid in cash or check or credit/debit card. Having your payment **ready at the beginning** of each session ensures that you get full use of your session time. An initial assessment session is 90 minutes and is \$150.00. Subsequent 50-minute sessions are \$ 110.00. Pre-Marital and Marital therapy sessions are always 90 minutes and are \$ 150.00. If you pay in cash, please bring exact change or you can credit any overpayment to your next session. If your check does not clear the bank, you will be charged \$ 25.00. If you have more than one check that does not clear, your payment will be due in cash from then on. If you request treatment summaries or copies of records you will be charged at the hourly rate. Bartering for counseling or therapy services is illegal.

**Cancellations must be made 24 hours in advance or you will be charged for the session. 24 hours notice allows me to offer an appointment to someone who may be waiting for a session.** In the event that you miss your scheduled appointment time, you will need to pay the remaining balance at the beginning of your next session. In the event that you miss two scheduled appointment times in a row, another appointment time will not be scheduled until you have paid your remaining balance and a credit card will need to be on file. I reserve the right to terminate our counseling relationship if more than two sessions are missed without proper notification.

You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make this decision.

### **Can I leave while my child is in your office and run some errands?**

No. If there is a need to consult with you or your child needs medical attention for some reason, you need to stay present in the waiting room for the duration of the session. In the event that you leave the building and a medical emergency occurs, I will call 9-1-1 first and then try to contact you. Any fees for emergency vehicles or personnel are your responsibility.

### **Do you appear in court?**

Please be aware that I do not wish to appear in court. If you become involved in a legal issue that I feel requires me to retain an attorney, you will also be charged for my attorney's fees. Travel time, missed time from work, copying records, consulting with attorneys or insurance companies, appearing in court etc, will be charged to you at the standard hourly rate and is subject to a minimum 8 hour charge per day.

### **What should I do if I have a potentially life threatening emergency?**

**If you have a life-threatening emergency, call 911 or go to the emergency room regardless of the time of day.**

### **What about a non-life threatening crisis?**

As a private individual practitioner, wife and mother, I am not personally able to adequately provide 24/7 emergency coverage for your mental health care. **I only return crisis calls between the hours of 9 a.m. and 7 p.m. 7 days a week.** Call 817-441-9973 and leave a message indicating that this is a crisis call. If you do not hear back from me within 30 minutes, call and leave another message with your phone number [frequently, people leave messages without a phone number!!) Messages also do not go through, are delayed or garbled due to cell phone issues. You will be charged at the standard hourly rate for phone time.

\_\_\_\_\_ (**initial**) I understand that Sharon L. Ward, MS, LPC, NCC will only return calls between the hours of 9 am and 7 pm.

### **What if I just need to leave you a non urgent message or to reschedule an appointment?**

You may leave a voice mail or text 24 hours a day at 817-441-9973 or email at [lpc.ward@yahoo.com](mailto:lpc.ward@yahoo.com). I encourage you to do both.

### **What happens if you are on vacation or sick or there is bad weather?**

If I become ill and am unable to be here for your appointment, I will make every effort to reach you via phone as soon as possible to reschedule. If Weatherford ISD is closed or is closing due to inclement weather, the office will be closed. From time to time, I may have an appropriately licensed clinician return calls if I am out of town or otherwise unavailable. Should I become incapacitated through death or serious illness, a licensed clinician will be assigned to follow up with you and every effort will be made to provide you with appropriate alternative care.

### **What happens if I travel out of state and want to talk to you?**

Unfortunately, due to current law, I am only able to do counseling with a person who is in the same state as I am licensed. If you are in Idaho and I counsel with you, it would be considered practicing without a license in the State of Idaho. I am only licensed in Texas. Similarly, if I am out of state, I cannot counsel with you. It will be at that point that a licensed on-call therapist would have to tend to your situation.

### **Consenting for Treatment of a Minor aged child**

If you are consenting for treatment of a minor, you are certifying under the laws of the State of Texas that you have the legal right to authorize treatment for this minor and are signing as their legal guardian. If the child lives in the home with both biological parents, both parents must sign this form. Please note that it is always my preference and I request the opportunity to meet with both parents any time I am treating a child even if those meetings need to take place at separate times. In all cases other than both biological parents consenting for treatment [guardianship, divorce, legal separation, non-married but with custody agreements etc.], I require a copy of any and all current decrees AT THE FIRST SESSION that apply to the conservatorship of this minor and this will be reviewed in session prior to any treatment. If there are ANY CHANGES TO LEGAL ORDERS regarding custody and consent to treatment at any time during the course of treatment, a copy of that paperwork must be provided to Sharon L. Ward, MS, LPC, NCC IMMEDIATELY. You understand that misrepresentation of your ability to consent for treatment of this minor can be grounds for termination or interruption of treatment until appropriate documentation under the laws and courts of the State of Texas is provided.

### What do you need from me after reading all this?

Please print your name and sign below to consent to voluntary treatment under the conditions of this document.



**I am providing all information as a part of my request for treatment and am consenting to treatment as of this date.**

**I HAVE READ, UNDERSTAND, AGREE TO AND UNDERSTAND THAT A COPY OF THIS STATEMENT IS ALWAYS AVAILABLE ONLINE AT [sharonwardcounseling.com](http://sharonwardcounseling.com), OR I CAN REQUEST A PAPER COPY AT ANY TIME. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT AND AFFIRM THAT I UNDERSTAND ANY AND ALL FORMS THAT I HAVE COMPLETED AS PART OF MY TREATMENT.**

ADULT Client

Client's Name *[print]* \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

MINOR aged child

Child's Name *[print]* \_\_\_\_\_

Date \_\_\_\_\_

Guardian/Parent *Printed* Name and *Signature* \_\_\_\_\_

Second Parent *Printed* Name and *Signature* \_\_\_\_\_

If you have any questions about the services you are receiving contact me or contact:  
Texas State Board of Examiners of Professional Counselors  
1100 West 49<sup>th</sup> Street Austin, Texas 78756-3183

512-834-6658