

Professional Disclosure Statement and Informed Consent

Psychological services will be conducted by a qualified psychologist, Licensed Professional Counselor, or Licensed Clinical Social Worker. I understand that according to the professional licensing law and professional ethics, these professionals are qualified to perform clinical services. I also understand that a non-physician therapist will not prescribe medication.

Consultations, test results, and disclosures between the professional and the client will be held in confidence within the restrictions of Texas State Law. These exceptions to confidentiality are listed below. I understand that administrative personnel are necessary for the functioning of the group and they will have access to confidential information when necessary, such as for scheduling appointments, billing, and quality assurance. They are held to the same limits of confidentiality as the clinical providers.

I understand that neither the *Group* nor the counselor provide 24 hour crisis counseling unless otherwise specified. Should the client experience an emergency necessitating immediate mental health attention, I will immediately call 911 or go/take the child to an emergency room for assistance. I understand that the providers, due to their schedule, may not be readily accessible by phone. Every effort will be made return my call within 24 hours. If the nature of my call can be addressed by the office administrator, I understand that she may be reached during office hours.

If at any time I am dissatisfied with the services provided, I have the right to inform my counselor. If I do not feel that my complaint is resolved, I may file a formal complaint through contact with the appropriate licensing board.

I understand that all communication will become part of the clinical record. Records are the property of the *Group* and persons acting for or through them. Adult client records are disposed of seven (7) years after the client has stopped receiving services. If the client is a minor, records are disposed of 10 years after the client's 18th birthday.

I understand that while most of our communication is confidential, there are circumstances when disclosure can occur without my prior consent. The following are typical but not exhaustive examples of situations and circumstances under which information maybe disclosed without prior consent:

- * The adult client or child is a danger to him/herself or someone else. You, as the guardian of the child, will be contacted immediately if the child is considered a harm to him/herself.
- * In situations of suspected or reported child or elder abuse, it is the duty of the mental health provider to notify medical, legal, or other authorities
- * Disclosure is made of sexual contact with another mental health professional
- * If a judge orders the *Group* or persons acting for or through them to disclose information
- * If you as the client or guardian request that the *Group* release records to a specific entity
- *The *Group* and persons acting for or through them is otherwise required by law to disclose information

Statement of Understanding: Informed Consent

Name of Client _____

I have read the above and understand the nature of service providers and the Limits of Confidentiality outlined above and I solemnly swear that all of the above information is true to the best of my knowledge.

Client/Guardian's Signature: _____ Date _____