

Vanessa Felhauer, MA, LPC Candidate
Permit Number LPCC.0013492
Created for Redemption Christian Counseling
970-481-5818

Counseling Disclosure Statement

Counseling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This framework helps to create the safety to take risks and the support to change. As a client, you have certain rights that are important for you to know about because this counseling is for you and your growth. There are also certain limitations to those rights that you should be aware of. As a counselor, I have corresponding responsibilities to you.

Counseling has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that counseling is helpful.

My Approach to Counseling

I am a Christian counselor, and believe that deep and lasting healing can only be found when we examine our experiences, emotions, and heart questions in light of what the gospel says about us and about God. Theoretically, I use an eclectic approach that mixes primarily psychodynamic and cognitive techniques.

Length of the Counseling Relationship

Length of the counseling relationship will be collaboratively determined based on your current concerns. We will re-evaluate your goals periodically to determine if my treatment approach is proving to be effective for you.

Fee Structure

Sessions are \$60/hour and payment is requested at the time of service. If you need a different payment structure, we can discuss this during your initial session. Phone calls that last more than ten minutes will be billed at the hourly rate. If I am called upon to testify in court or engage in any legal activities on your behalf, the hourly rate will increase to \$120/hour.

My Responsibilities to You as Your Counselor

I. Confidentiality

With the exception of certain specific exceptions described below, you have the right to the confidentiality of your counseling. I cannot and will not tell anyone else what you have told me, or even that you are in counseling with me without your prior written permission.

Because I am an LPC Candidate I am working under the supervision of a fully licensed counselor. I meet with her regularly and discuss all of my clients at various times. I take every precaution to protect your identity during supervision.

If you attend Summitview Community Church, it is very likely we will encounter one another outside of the counseling setting. I will interact with you as I would any other member of the congregation, and will never reveal that you are in counseling with me or discuss anything with you that would breach confidentiality.

The following are legal exceptions to your right to confidentiality. I will inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services or Adult Protective Services immediately.
3. If I believe that you are gravely disabled or in imminent danger of harming yourself, I may legally break confidentiality and call the police.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either engaged in sexual contact with a patient, including yourself, or is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the Colorado Department of Health. I will inform you before taking this step

II. Record-keeping.

Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Other Rights

You have the right to ask questions about anything that happens in counseling. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave counseling at any time.

Your Responsibilities as a Counseling Client

Please be on time for appointments. This will ensure that we have the full hour for counseling work. If you are late, I cannot guarantee that we will be able to go past the time of your appointment. Please also be considerate of my time and let me know as soon as possible if you are unable to keep a scheduled appointment. Missed appointments that are not cancelled at least 24 hours in advance will be billed at the regular rate.

Complaints

If you are unhappy with what's happening in counseling, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. You may also contact my supervisor, Stephanie Hotaling, at 970-556-0109 if you have concerns or complaints about your counseling.

In a professional therapeutic relationship sexual contact of any kind is never appropriate. If sexual contact between a client and therapist occurs, it should be reported to the State Grievance Board, as detailed in the next paragraph.

If you believe that I have behaved unethically in any way, you can complain about my behavior to the Colorado Department of Regulatory Agencies at 1-800-886-7675, or www.dora.state.co.us. The agency address is 1560 Broadway, Suite 1350, Denver, CO, 80202.

Client Consent to Counseling

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my counselor's responsibilities to me. I agree to undertake counseling with Vanessa Felhauer. I understand her status as an LPC Candidate, and that she will be discussing my case with her supervisor. I know I can end counseling at any time I wish. I am over the age of eighteen.

Client Name (print): _____

Signed: _____

Counselor: _____

Date: _____