

Patricia (Pat) Johnson, MAMFT, LPC Intern & LMFT Associate
Julianna Poor Memorial Counseling Center
Houston's First Baptist Church
7401 Katy Freeway, Suite 600
Houston, TX 77024
(713) 335-6461

Professional Disclosure Statement

Qualifications: I received a Master of Arts in Marriage and Family Therapy degree from Liberty University. Currently, I am a Licensed Professional Counselor Intern & Licensed Marriage and Family Therapist Associate, holding temporary licenses from the Texas Board of Examiners, and am working towards permanent licensure. I also hold a Bachelor of Science degree in Business Administration with minors in psychology and physical education from Olivet Nazarene University.

Experience: As a counselor under supervision, I have counseled individuals, couples, families, or groups, which included working with children, adolescents, and adults. Prior related experiences include working in corporate training and development, home-schooling two children, and extensive volunteering with children, adolescents, and women, including developing mentoring relationships. I am presently receiving training in conducting children's play therapy and Theraplay. I am certified to facilitate Prepare/Enrich for engaged and married couples.

Nature of Counseling: I counsel from a faith perspective that views situations with hope and sees each individual as having significant worth and potential, while relying upon biblical principles and truths, the Holy Spirit, proven psychological methods, prayer, and God's grace. I also counsel using a systems/family viewpoint that emphasizes solutions to problems and cognitive-behavioral and experiential approaches. I believe all clients have strengths and resources that can be accessed to assist change. Goals for counseling will be mutually agreed upon by client(s) and counselor.

Informed Consent

Supervision: Since I am a Licensed Professional Counselor Intern & Licensed Marriage and Therapist Associate, I work under supervision. There may be times when I discuss session specific information with my supervisor and general information with my colleagues. My supervisor may require that I videotape counseling sessions for educational purposes. I will request permission when a session will be recorded. If you have any questions or concerns, you can ask me or contact my supervisor Mary Ring, MAMFC, LPC-S, LMFT-S, RPT-S, at 713-335-6466.

Counseling Relationship: During the time we work together, we will meet at a mutually agreed upon frequency for approximately 45 minute sessions. Due to ethical guidelines, our relationship will be strictly professional and not social. The policy of the counseling center and professional counselor ethics prohibit the receipt of gifts valued over \$50 by counselors from clients.

Effects of Counseling: While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration that could be difficult, painful, or unpredictable. It may lead to changes to your self perception, personal relationships, life perspective, decision making, or interests and may create temporary distress. Together we will work to achieve the best possible outcomes for you from counseling.

Client Rights and Responsibilities: Some clients need only a few counseling sessions, while others require a longer commitment. You have the option to choose or modify counseling techniques or suggestions, or may refuse specific treatments. You may terminate our counseling relationship at any

time, though I request that you to participate in a termination session. As a client, you are in control. In order to aid progress, you are required to come to counseling free from the influences of drugs or alcohol. Client motivation aimed at change, growth, transformation, or healing may assist the therapeutic process. Clients are encouraged to actively pursue goals and perform supportive work.

My services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time you become dissatisfied with my services, please let me know. If I am not able to resolve your concerns, please contact Adam Mason, Minister of Counseling Services at (713) 335-6460, the Counseling Center Oversight Committee (names and phone numbers are available upon request), or the Texas Board of Examiners of Professional Counselors or of Marriage and Family Therapists at (800) 942-5540.

Referrals: Should you or I believe a referral is needed, I will provide you with names of people or programs that may be able to assist you. You will be responsible for contacting, evaluating, and choosing a referral. In the case of marriage or family counseling, open communication between family members is recommended. I reserve the right to terminate counseling if a secret is deemed to be detrimental to the therapeutic process.

Fees: Counseling services will be provided to members of Houston's First Baptist Church and students of First Baptist Academy at the reduced rate of \$40 per session. For nonmembers, services will be provided for a fee of \$80 per session. If the fee represents a hardship to you, please let me know, as full and partial fee adjustments are available. The fee for each session will be due at, and must be paid by, the conclusion of each session. Money orders or personal checks made out to "HFBC" are acceptable for payment. The Julianna Poor Memorial Counseling Center of HFBC does not file for reimbursement from health insurance companies. A separate fee will be charged for tests, reports, or expert testimony. As the demand for appointments often exceeds the availability, please notify the Counseling Center receptionist or staff at (713) 335-6462 as soon as possible if you discover that you will not be able to keep an appointment. A late cancellation fee will be charged if less than 24 hours notice is given. Exceptions will be given for emergencies.

Records and Confidentiality: Session notes become part of client records, which are accessible to you upon request. Records are disposed of seven years after the file is closed. Records of clients who are minors are disposed of seven years after the client's 18th birthday. Most of our communication is confidential, but the following circumstances limit confidentiality: a) you intend to harm yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly or disabled person; c) you disclose sexual contact with another mental health professional; d) a court orders or law requires disclosure of information; or e) you direct the release of your records. If we see each other in public, I will protect your confidentiality by acknowledging you only if you approach me first. Limited client information is made available to office personnel in order to schedule appointments, contact clients, or collect fees.

Emergency Contact: If you have a crisis after hours, please contact your physician, the crisis hotline at (713) 228-1505 or go to the nearest hospital emergency room. If a hospitalization occurs, please contact this office as soon as possible to coordinate your care. You may leave a message for the HFBC on-call minister at (713) 957-6760. Please note: the on-call minister keeps track of hospitalizations only. He is not a trained counselor.

Acknowledgement and Consent: By your signature below, you are indicating that you read and understood this statement, had your questions answered to your satisfaction, were furnished a copy of this statement, and are committed to adhere to its guidelines.

Client's Signature

Counselor's Signature

Date

Date