



Alison Pourteau, MA, LPC-S dba

ASSOCIATES IN COUNSELING

LPC Professional Disclosure Statement
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Supervisor: Alison Pourteau, M.A., LPC-S

This document is designed to provide you with information concerning your counselor’s competency, philosophy, and chosen techniques and to ensure that you understand the professional relationship of counselor and client.

Welcome to Associates in Counseling (AIC). I am honored that you have chosen to entrust me with this portion of your life’s journey. Today marks the beginning of my opportunity to join you in your pursuit of a more satisfying life. As a guide, I will partner with you to discover life beyond “existing” or “surviving” in broken relationships, impaired thinking, painful behavior patterns, and debilitating intense emotions. This informational sheet provides you with the basic services and policies of AIC. Please feel free to ask any questions that you might have.

FORMAL PROFESSIONAL EDUCATION

I have a Master of Science degree (2013) in Mental Health Counseling from Walden University. I am currently a Nationally Certified Counselor (NCC, #33048) and licensed by the State of Texas as a Licensed Professional Counselor Intern (LPC-I, #72052). I also hold a Master of Science degree (2007) in Curriculum & Instruction and a Bachelors of Arts degree (2004) in Philosophy from The University of Scranton.

AREAS OF COMPETENCE

As a graduate student in the counseling program, seeking to become a Licensed Professional Counselor (LPC), my areas of competence include individual counseling, group counseling, and relationship counseling. I am not able to prescribe medications to clients. I will gladly support you in finding a psychiatrist or medical professional if medication is needed. It is also *Associates in Counseling’s* policy that potential clients are aware that LPC-Interns will not provide legal-related services unless subpoenaed by a court of law.

I believe that clients possess ability to choose how to resolve their own problems and can make positive life decisions. My role in the relationship is to assist in the areas of personal growth through facilitation and co-creation. I believe that clients are responsible for their behaviors, thoughts, and feelings. As a counselor, I hope to assist clients in the process of gaining greater self-awareness through life experiences that lead to increased confidence, self-esteem, independence, mental health, and the capacity to effectively navigate the complex challenges of life.

Some clients need only a few counseling sessions to achieve these goals, while others may require more counseling. As a client, you maintain control of yourself. As such, you may end our counseling relationship at any point, and I will be supportive of that position. I do ask, however, that you participate in a termination session.

OUR RELATIONSHIP

Please note the following important distinction: Our sessions may be psychologically close, but the relationship is not social. Our contact will be limited to counseling sessions except in emergencies. You can leave me a confidential message and I will return it as soon as possible. However, if you urgently require assistance, please call your physician, MHMR (888.522.8262), or the police. While it is not possible to guarantee any specific results regarding your counseling goals, we will work diligently toward the results you desire.

TECHNIQUES

Because I believe that self-awareness and choices are key to developing self-direction and independence, my techniques will include existential, choice theory and cognitive-behavioral techniques. Occasionally I will draw from other techniques, such as roleplaying, when I believe such exercises would be beneficial to you and your unique therapeutic goals.

These techniques will provide methods to examine issues, recognize strengths, and identify behaviors that best serve your needs. An advocate of a holistic approach, I generally attempt to assist the client in identifying and incorporating a community of support that may include family members, colleagues, medical and other mental health professionals, friends and spiritual leaders.

SUPERVISION AND REFERRALS:

As a LPC-Intern, I am supervised by a Licensed Professional Counselor Supervisor certified by the Texas State Board of Examiners of Professional Counselors. I adhere to the highest ethical standards as outlined in the ACA Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>) and will keep your best interest at the forefront of all I do. However, if you are dissatisfied with my services at any time, please express your concerns. If I am not able to resolve your concerns, I will gladly provide you with a list of referral choices.

SESSION FEES AND LENGTH OF SERVICE

Counseling sessions are delivered on a weekly, or biweekly basis according to the needs to the client, as well as the availability of the counselor. Fees for counseling are due at the time service is rendered. **Please write your checks to Alison E. Pourteau, LPC-S** or pay with your Visa, MasterCard, or Discover. Returned checks are subject to a \$25 fee. Fees for service are as follows: Initial Assessment \$0 (30-45* minutes), Individual \$70 (50 minutes), Couple or Family \$70 (50 minutes), and Group \$25 (80 minutes). A sliding fee scale is available to those in financial need who either do not have insurance or choose not to use their insurance. Phone consultations are charged on a prorated basis in 15 minute increments.

APPOINTMENTS AND CANCELLATIONS:

You may schedule your next appointment while you are in the office, by email, or by calling (979) 353-1276 at your convenience. When you schedule an appointment, I reserve that time for you alone, so please make every effort to be on time to receive the full benefit of your allotted time. I will make reasonable effort to accommodate changes in your schedule as long as you notify me 24 hours in advance.

Appointments cancelled within 24 hours will be billed as a “No Show or Late Cancellation” and the client will be billed 50% of their counseling fee. Life-threatening emergencies, serious illness will be considered for possible waiver. Generally speaking, however, *Associates In Counseling* expects you to remember appointments and consider for traffic delays and work demands.

*** Note that Intake assessments include a large portion of paperwork. Times noted represent time actually spent in session with the counselor, and does not include time necessary for paper work. Please plan on spending an hour of your time at Associates in Counseling for your first appointment.**

RECORDS AND CONFIDENTIALITY:

Most communication is confidential, but the following limitations and exceptions do exist:

1. Texas Family Code, Chapter 261, concerning abuse or neglect of minors;
2. Texas Human Resources Code, Chapter 48, concerning abuse, neglect, or exploitation of elderly or disabled persons;
3. Texas Health and Safety Code, Chapter 161, Subchapter K, §161.131 et seq., concerning abuse, neglect, and illegal, unprofessional, or unethical conduct in an in-patient mental health facility, a chemical dependency treatment facility or a hospital providing comprehensive medical rehabilitation services;
4. Texas Civil Practice and Remedies Code, §81.006, concerning sexual exploitation by a mental health services provider;
5. A licensee shall comply with Occupations Code, Chapter 109, relating to the release and exchange of information concerning the treatment of a sex offender;
6. I am directed by you in writing to disclose information to someone of your choosing;
7. I am ordered by the court to disclose your information.

If I see you in public, I will protect your confidentiality by not approaching you first and will not discuss your case in public.

COMPLAINTS

Although clients are encouraged to discuss any malpractice concerns with me, you have the right to report your concerns to:

Texas Board of Licensed Professional Counselors
 Complaints Management and Investigative Section
 P.O. Box 141369
 Austin, Texas 78714-1369
 Phone: 1-800-942-5540

ACCEPTANCE OF TERMS

By your signature below, you are indicating that you have read, understand, and agree to this agreement. Any questions you may have concerning this agreement have been answered to your satisfaction.

Client or Guardian signature (and Spouse if present)

E.J. Smith, M.S., NCC, LPC-Intern Signature

Supervised by Alison E. Pourteau, M.A., LPC-S

