



## **PROFESSIONAL DISCLOSURE STATEMENT**

Andrea "A.C." Schooler, MA, LPC  
**Associates in Counseling**  
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This document is designed to provide information concerning your counselor's competency, philosophy, and chosen techniques and to ensure that you understand the professional relationship of counselor and client.

### **FORMAL PROFESSIONAL EDUCATION**

I am licensed by the state of Texas as a Licensed Professional Counselor, (LPC #82456). I hold a Master of Arts in Counselor Education from Sam Houston State University (SHSU) which was conferred in May, 2019. I also have a Master of Arts in Criminal Justice (conferred in 2000) from SHSU.

### **AREAS OF COMPETENCE**

As an LPC, my areas of competence include individual counseling and group counseling. I am not able to prescribe medications to clients. My education as a counselor began at SHSU in September of 2011.

I believe that you have the ability to choose how to resolve your own problems and can make your own decisions with my assistance as a facilitator. I believe that you are responsible for your own behaviors, thoughts, and feelings. As a counselor, I hope to facilitate for you greater self-awareness through your 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 and you may end our counseling relationship at any point, and I will be supportive of that position. If you are dissatisfied with my work, I will help you find another counselor with whom you might be able to work effectively.

### **TECHNIQUES**

Because I believe that your self-awareness and choices are key to developing self-direction and independence, my techniques will be guided by cognitive-behavioral therapies. These techniques will provide methods to solve problems utilizing your own strengths to meet your needs. Even when meeting with an individual, I attempt to incorporate the entire family, when appropriate and possible. Occasionally, other approaches will be used, such as role-playing when deemed appropriate for you.

### **PROFESSIONAL RELATIONSHIP**

While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. I will not attend your social gatherings, accept gifts from you, interact with you on social media, or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional

and our sessions concentrate exclusively on your concerns. While you might learn much about me as we work together, it is important for you to remember that you are experiencing my professional role.

### **THERAPEUTIC EXPECTATIONS**

You are encouraged to discuss any concerns and/or questions about your counseling experience with me. It is important to note that engaging in the therapeutic process produces change and may release strong emotions. Sometimes you may feel worse before you feel better. You have the right to inquire about my professional credentials and experience. Additionally, you have the right to refuse particular recommendations. You have the right to end counseling at any time. I **do not** provide emergency services. If you are in immediate danger of harming yourself or others at ANYTIME of day or night, **call 911 or go to the nearest hospital emergency room.**

### **CONFIDENTIALITY**

I will keep confidential the things we discuss in your counseling sessions, with the following exceptions: (a) you direct me to tell someone else, and I agree to do so; (b) I decide you are a danger to yourself or others; (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person; (e) you disclose that a previous therapist sexually exploited you; or, (f) other reasons as specified in the laws of Texas. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. If I see you in public, I will protect your confidentiality by not approaching you first. Additionally, I will not discuss your case in public.

### **SESSION FEES**

Counseling sessions are delivered on a weekly, or bi-weekly basis depending on the needs of the client and the availability of the counselor. Fees for counseling are due at the time service is rendered. Please make your checks payable to **A.C. Schooler, LPC**, or pay with a Visa, Mastercard, or Discover. Returned checks are subject to a \$25 fee. Individual counseling is conducted at a rate of \$100 per session. I do not accept any form of insurance at this time, but you may submit your receipts to your insurance company for direct, out-of-network reimbursement.

### **APPOINTMENTS AND CANCELLATIONS**

Our sessions will be 50 minutes in duration. You may schedule your next appointment while you are in the office, by text-messaging me at 979-429-3384, or by emailing me at [schoolerac@gmail.com](mailto:schoolerac@gmail.com). When you schedule an appointment, I reserve that time for you alone. Please make every effort to be on time to receive the full benefit of your session. I will make reasonable effort to accommodate changes in your schedule if you notify me 24 hours in advance. Appointments cancelled within 24 hours will be billed as a “no show” or “late cancellation” at a rate of 50% of the regular fee. Life-threatening emergencies and serious illness will be considered for possible waiver. Generally speaking, however, *Associates in Counseling* expects you to remember appointments and make provisions for traffic delays and work demands.

### **OTHER**

It is my intention to render my services in a professional manner consistent with accepted standards of practice. I adhere to the highest ethical standards, and I will keep your best interest at the forefront of all I do. If you are dissatisfied with my services at any time, please voice those concerns. If I am unable to resolve your concerns, I will gladly provide you with referral choices. While it is impossible to guarantee any specific results regarding your counseling goals, together we will work to achieve the best possible results for you.

I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Andrea "A.C." Schooler.

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Andrea "A.C." Schooler, MA, LPC  
TX #82456

\_\_\_\_\_  
Client' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please include the name and phone number of any person you wish for me to contact in case of an emergency or crisis.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #