

Disclosure Statement and Confidentiality Agreement

Adri Ruiz, MS

Licensed Professional Counselor

Professional Background

I received my Masters of Science in Counseling from Texas A&M- Commerce, Texas. I hold a Bachelor of Arts in Spanish from The University of Texas at San Antonio.

I am a professional member of the Texas Counseling Association.

Texas Department of Regulatory Agencies

The practice of licensed counselors is regulated by the Texas State Board of Examiners of Professional Counselors.

The contact information for this agency is:

Texas State Board of Examiners of Professional Counselors
Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin, TX 78714-9347
email: lpc@dshs.state.tx.us
(512) 834-6658
www.dshs.state.tx.us/counselor/

My Responsibilities to You

Confidentiality:

With the exception of specific legal and training circumstances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not disclose to anyone what we discuss in session, or that you are even in counseling, without your written permission.

Initial _____

Legal situations:

The following are legal exceptions to your right to confidentiality. Whenever possible, I would inform you if I have to put one of 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 and/or Adult Protective Services.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If your record is subpoenaed in a court of law, I will do what I can to protect confidentiality within the limits of abiding by the law.

Your Records:

In the unlikely event that something should happen to me, (i.e. death or impairment), in which I am unable to continue counseling and unable to contact you, your records will be sent to Karen Burke, LPC-S. She is a counselor, working in Austin, who would contact you and provide an appropriate referral.

Use of Insurance:

If you choose to use insurance (see my website for updated insurance programs I currently accept), please know that insurance companies require me to provide a diagnosis for treatment. This information would be shared and discussed in session.

Your Responsibilities as a Client

Please be responsible for coming to your session on-time and at the time we have scheduled. Sessions will be 50 minutes unless previously determined to be a different length. If you are late, we will end on time and not run over into the next person's session.

If you are in need of emergency help at a time when your counselor is not available, it is your responsibility to call 911 or some other emergency service (such as 472-HELP, a 24-hour helpline). You may also go to the Psychiatric Emergency Services located at 56 East Avenue at Holly/River Streets (near IH-35 and the Colorado River). They provide in-person services from licensed professionals 24 hours a day, seven days a week, on a walk-in basis.

Initial _____

Your Rights as a Client

- a. You are entitled to information about my methods of therapy, techniques I use, the duration of therapy (if it can be determined), as well as my fee structure. Please feel free to ask if you would like to receive this information or if you have any additional questions.
- b. You are entitled to seek a second opinion from another counselor or terminate counseling at anytime.
- c. In a professional relationship (such as ours), sexual intimacy between a counselor and client is never appropriate and should be reported to the Complaints Management section of the Texas Department of State Health Services at 1-800-942-5540.
- d. Confidentiality (please see above confidentiality section)

Payment:

_____ I agree to pay _____ per session.

_____ I will be using insurance benefits to pay for sessions. I agree to pay any co-payments required. If anything changes with my insurance coverage, I will notify Adri immediately and will pay for any sessions not covered by insurance.

Court:

If I request my records to be copied for myself or for legal matters, I agree to pay .25 per page. If there are other costs associated with this service, (i.e. notary, postage), I agree to pay for that cost as well. This request must be made in writing via paper or electronically.

If I request that Adri participate in my legal matters, I agree to pay her full session fee of \$90.00/hour. This will include travel time.

Cancellation Policy

Please allow 24 hours notice if you decide to cancel a session so that I have time to schedule others in your place.

Although I will take into consideration personal emergencies and extenuating circumstances, fees will still be charged for appointments missed without 24 hours notice.

I also reserve the right to terminate therapy if cancellations or no-shows become excessive and are unable to be dealt with in the therapeutic relationship. I will discuss this with you prior to canceling services. Please be mindful of your time and mine.

Initial _____

Email

Email may be used for scheduling and informational purposes but not for emergencies. Please call 911 or another emergency service, such as 472-HELP, if you need immediate assistance.

Although all considerable measures have been taken to ensure confidentiality of emails sent and received, please be aware of the risks taken when sharing personal or confidential information via email.

Ending Therapy

You have the right to terminate therapy at any time and you will typically be the one who decides when therapy will end, with the following exceptions:

- a. If cancellations and no shows become an issue, as described above.
- b. If I am not, in my judgment able to help you because of the particular concern you have, or because my training and skills are, in my judgment, inappropriate, I will inform you of this and refer you to another counselor who may meet your needs.
- c. If you are verbally or physically violent toward me or threaten or harass me, I reserve the right to immediately discontinue your therapy. If I terminate your therapy I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I have read the preceding information and understand my rights and responsibilities as a client. My signature below acknowledges this understanding and indicates that I accept the conditions of counseling.

Client/Parent Signature Date

Client/Parent Signature Date

Initial _____

