

Deanna Sims, Ph.D.
Licensed Professional Counselor
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Dallas, TX 75248
972-733-7242

Professional Disclosure Statement

Qualifications: I am a Licensed Professional Counselor with a doctoral degree in counseling. My formal education and professional experience have prepared me to counsel individuals (adolescents, adults, and the elderly), groups, couples, and families.

Nature of Counseling: I believe all people have the potential for good. Humans are social creatures that need social connection in relationships to maintain health. I believe that people's feelings, thoughts, and behaviors are created by how they experience their surroundings. People use their behaviors to achieve goals. I also believe that all people at any time in their lives, have the ability to change their emotions, thoughts, behaviors and goals. I will use a variety of strategies (cognitive behavioral techniques, homework assignments, self-exploration strategies, bibliotherapy, Socratic questioning, encouragement, and others) and invite you to establish goals and explore how your thoughts, behaviors, and feelings are working to meet those goals. If you desire a change in your feelings and behaviors, through self-exploration and thought modification we can work as a team to meet your treatment related goals.

INFORMED CONSENT

Counseling Relationship: Sessions are usually held for 45 to 50 minutes. Although our sessions may be very intimate psychologically, our relationship is a professional one rather than a social one. Our contact will be limited to counseling sessions you arrange with me, except in case of emergency when you may contact me by phone.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspective and decisions you make. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights: Some clients only need a few counseling sessions to achieve their goals; others may require months or even years of therapy. As a client, you are in complete control and may end our counseling relationship at any time, though I do request you participate in a final termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might not be beneficial to you.

I assure you that my services will be rendered in a professional manner consistent with accepted

legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the State Board of Examiners of Professional Counselors at (512) 834-6658.

Referrals: Should you and/or I believe that a referral is needed for more in depth or specialized treatment, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Fees: In return for a fee of \$120 per session, I agree to provide counseling services for you. The fee for each session will be due and must be paid at the beginning of each session. If the fee represents a hardship for you, please let me know. Cash, personal checks (made to Dr. Deanna Sims), or credit cards are acceptable forms of payment. You will be responsible for any fees related to insufficient funds for returned checks. Cash payments will be required following any returned checks. Any document preparation for court/mediation, court costs, depositions, or other time spent testifying, waiting to testify, including time driving to and from the court, will be billed at \$250 per hour. A copy of your medical record may be obtained for a fee of \$.50 per page. I utilize **Tehan Billing Services** for processing your insurance claim. All precautions are taken to maximize confidentiality. Only demographic and diagnostic information is provided to them.

Cancellation: In the event that you will be unable to keep an appointment, please notify my office at (972) 733-7242 at least 24 hours in advance. Please be aware that insurance will not cover missed or canceled appointments. Maintaining consistent therapy attendance is a very important clinical issue. It is important for me to monitor your progress and for you to be committed to the counseling process to maximize the therapeutic benefits. Missed appointments or cancellations without 24 hour notice will be billed for the full fee of \$120 or the contracted rate of your insurance company, whichever is less. Missed appointment fees must be paid on or before the next scheduled therapy appointment.

Records and Confidentiality: All of our communication becomes a part of your clinical record. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. In the event of the death or incapacitation of the counselor, records will be the property of my colleague, Debbie Cooney, LCSW.

Most of our communication is confidential, but the following limitations and exceptions do exist: 1) I determine you are a danger to yourself or others; 2) you disclose sexual contact with another mental health professional; 3) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; 4) I am ordered by a court to disclose information; 5) you direct me to release your records; 6) I am otherwise required by law to disclose information.

In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate the

counseling relationship if I judge a secret to be detrimental to the therapeutic process.

By your signature below, you are indicating that you have read all pages and understood this document, and that any questions you have had about this document have been answered to your satisfaction. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client Signature _____ Date _____

2nd Client
Signature _____ Date _____

Parent/Legal Guardian _____ Date _____
(If client is a minor under age18)