

Future Hope Counseling
PROFESSIONAL DISCLOSURE STATEMENT
T'Shana Everitt, MA, LMFT
36549 State Hwy 64, Ste 202
Wills Point, TX 75169
(979) 450-0761

I am pleased you have chosen to utilize our services. This document is designed to provide you with information about your counselor and to ensure that you understand the professional relationship of the counselor and client.

FORMAL PROFESSIONAL EDUCATION

I have a Bachelor's degree in Communications from Texas A&M University and a Master's degree in Counseling from Sam Houston State University. I have nineteen years of experience in counseling and have been trained in individual, group, and family counseling. I am licensed by the state of Texas as a Marriage and Family Therapist.

PROFESSIONAL RELATIONSHIP

Although sessions may be psychologically intimate, it is important to realize that the relationship is a professional rather than a social one. Contacts, other than chance meetings, will be limited to appointments you arrange with me. While you might learn much about me, it is important to remember that you are experiencing me in my professional role.

CONFIDENTIALITY

I will keep confidential anything said to me, with the following exceptions: **(1)** if I determine you are a danger to yourself or others, **(2)** if I am ordered by a court to disclose information, **(3)** if you direct me to tell someone else and I agree to do so, or **(4)** if I become aware of the abuse or neglect of a child, a mentally challenged individual, elderly individual, or disabled individual. The office will maintain a written record of counseling sessions. In addition, general information about your case may be shared with supervisors and colleagues for the purpose of professional oversight, but will not include information that in any way might identify you specifically. This helps to ensure that I am providing you with the best possible care. Should I become incapacitated or die, records will be maintained for the mandated amount of time by Clinton Everitt of Bryan, Texas and properly destroyed upon the expiration of that time period.

THE THERAPEUTIC PROCESS

I believe that my clients have the capacity to resolve their problems and make good decisions for themselves and/or their family. I believe that this process is enhanced when we work together toward a common goal. It is impossible for me as a counselor to guarantee specific results when working with a client or family, but it is my goal to reach the best possible results in regard to you and/or your family. All services provided are paid for by the client upon rendering of services. Following our initial session, appointments are scheduled according to the needs of each individual client. Cancellations should be made at least twelve hours prior to appointments to avoid being charged for the session. Sessions are normally no more than an hour in length. It is my intention to render my services in a professional manner; consistent with accepted ethical standards of practice. 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, I will help you find another counselor with whom you might be able to work more effectively. If I am unable to adequately resolve your concerns and you wish to file a complaint, you may contact:

Texas State Board of Examiners of Marriage & Family Therapists
Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

Your signature below indicates that you have read, and agree to the conditions stated in the preceding paragraphs. If you have any questions, please ask.

Client _____ Date _____

Parent/Guardian _____ Date _____

Counselor _____ Date _____