



Leeds Counseling, LLC
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PROFESSIONAL DISCLOSURE & COUNSELING CONSENT

Introduction

The purpose of this disclosure statement is to inform you about myself as a professional counselor and help you understand our professional relationship. You should read it carefully and ask any questions you may have regarding its contents and purpose. I received a Master's degree in Mental Health Counseling from Freed-Hardeman University in 1999 and an Education Specialist degree in Counselor Education and Supervision with an emphasis in Play Therapy from The University of Mississippi in 2019. The Alabama Board of Examiners in Counseling licenses me as a Licensed Professional Counselor (License # 4275). I have worked as a counselor with children, adolescents and families in both a hospital and a school setting for over 15 years.

As a mental health counselor, my primary purpose is to enhance quality of life and strengthen individuals and families. It is my primary responsibility to respect the dignity and promote the welfare of those I serve. Therefore, this form serves to explain my purpose, services and limitations. If you choose to participate in counseling, I must have your signed permission. Please be aware that participation in counseling is voluntary and you have the right to decline.

The Counseling Process

My primary purpose is to provide professional counseling for individuals and families. As you begin counseling, I want you to know that I am committed to providing the highest quality of professional counseling services for individuals and families regardless of race, gender, religion, ability, or ethnic/national origin.

The purpose of the counseling process is to work together to help you with the concerns that bring you into the counseling relationship. Identifying concerns and developing plans to address them often involves the process of personal change. This process can produce dramatic results, though often the process takes time and recurrent effort. Having the appropriate tools and resources can facilitate the accomplishment of goals and many times the results of counseling include the efforts you exert outside the counseling setting. Counseling requires active participation from you and myself. We must work together toward your goals.

Treatment methods will vary, depending on individual circumstances. We will work to develop your goals, and the objectives for meeting them, based on your strengths, assets and preferences. The plan for measuring the progress of our work must include your input and cooperative agreement. The plan will be evaluated and updated throughout the counseling process. It will also include agreements for determining readiness to end therapy and plans to be used as a guide following termination of counseling.

The process of counseling coincides with the process of life in that each provides no guarantees of comfort or success without deliberate effort. There are few, if any, easy answers or quick cures. Many issues require collaboration with other people and I have found that the majority of concerns brought into the counseling process are somehow relationship oriented.

You have specific rights as a customer of counseling services. Your best interests are to be my primary objective. You may inquire of any issue you have regarding the counseling process at any time. If your concerns are beyond my capacity to effectively address I will inform you immediately. If there are needs

identified that I cannot provide, I will help you find the resources to most appropriately continue with the process of meeting your goals.

My experience in counseling has consistently focused on working with children in play therapy, adolescents, as well as adults and families. I have experience working with people who have difficulties due to normal life events, as well as people who suffer from more serious emotional and personality disturbances. For issues or concerns that I am not adequately trained to help, I will assist in determining the most effective plan of action possible, according to your needs and preferences.

Confidentiality

State and federal law protect the counseling process and the information disclosed within the helping relationship as confidential. What you share with me in counseling is respected as private. I will always be clearly conscious of protecting your confidentiality. Please note there are risks associated with limits of confidentiality surrounding use of technology such as telephone calls or emails. All information, including the record I keep of our helping relationship and what you tell me, is also protected by the ethical standards of the counseling profession. There are four specific circumstances that could result in a release of your confidential information. These include the following: (1) you provide me with written and signed permission to release information; (2) I believe you may harm yourself or others; (3) I believe a child or elder person has been or will be abused or neglected; (4) a judge orders me to release the information.

Counseling Sessions

I adhere to the ethical practices of the counseling profession. I will always provide services in a professional manner. Adult individual counseling sessions are scheduled for 45 to 50 minutes. Child individual sessions are scheduled for 35 to 45 minutes and are provided in conjunction with parent consultations. I do not treat minors without consent of the custodial parent.

The length and frequency of counseling sessions are determined by the goals identified by us through the assessment process. Our first session will begin the process of assessment and your situation and concerns will continue to be assessed in accordance with the goals established. Ongoing assessment assures that goals remain relevant and attainable. Assessment is one of the most important parts of admission for services, continued stay in the counseling process and discharge from services.

It is my goal in counseling to help you achieve positive results. Positive results take time and can not be guaranteed. Counseling requires your effort in remaining committed to the counseling process. If you do not attend scheduled sessions and are not participating in recommended/routine sessions, you are no longer active and under my care.

Fee for Services

An individual counseling session is \$90 for private pay. I also accept Blue Cross Blue Shield of Alabama insurance. I accept cash, checks and major credit cards for copays or private pay. Payment is expected at time of service.

Cancellations

Because our time is very precious I kindly request and expect advance notice of any scheduled session that will be missed. Notification of missed session in less than 24 hours advance notice or "no shows" will result in a \$50 fee for your missed session. Repeated cancellations or failing to show for scheduled appointments may be reason for termination of services.

Emergency Services

I am concerned about any emergencies you might have which would require immediate attention. I may not be available for such an emergency. In the event you cannot reach me in such an emergency, call the Jefferson County Crisis Center at 205-323-7777. There is also a Crisis Text Line you can reach by texting HELLO to 741741.

Hospitals in the Birmingham area that provide inpatient services for mental health emergencies include: Grandview, Brookwood, UAB, St. Vincent's East and Children's Hospital. In the case of suicidal intent, please go to your nearest emergency room and request admission for your protection.

Use of Electronic Communications

Texting is used for the purpose of appointment reminders and request for changes in appointments only. I will not do therapy by text. This is not a secure method of communication for personal information.

E-mail to julie@leedscounseling.com is also acceptable for changing appointments with a 24 hour notice.

Social Media - I do not engage on social media relationships with clients due to the need to maintain therapeutic boundaries and maintain privacy of your personal information. Therefore, I will not accept friend requests on Facebook or network invitations to LinkedIn and other sites.

Consent

I understand the information provided above, and I freely give my consent to receive counseling services as offered and provided. I also understand that I may withdraw my consent at any time by written request, effective at the time and date received by Leeds Counseling.

Print Child/Adolescent Name

Signature of Adolescent (14 years or older)

Date

Print Parent/Guardian Name

Signature of Parent/Guardian

Date