Donna Kirby Counseling, LLC
Donna Kirby, LPC
Licensed Professional Counselor
12800 Hillcrest Rd. Suite A 224
Dallas, TX. 75230
(214) 507-0448

IMPORTANT INFORMATION AND CLIENT CONTENT: Please read and sign at the end stating you have full read and understand the information below.

Professional Disclosure Statement

I welcome you to your new journey of therapy. The information you are about to read may be helpful in explaining questions you may have regarding your therapy experience and the typical areas of concern you may have.

Qualifications and Background: I am a Licensed Professional Counselor in the state of Texas, with a Master's degree in Counseling and Development from Texas Woman's University. My life long personal and professional experience combined with the professional tools I have accumulated through the years allow me to assist others in their journey through therapy. I believe it's important to develop trust and rapport with my clients. I counsel individuals, couples, and groups. I am a member of the American Counseling Association and the Texas Counseling Association.

My mission statement and orientation of counseling: Every human being has the potential to create a fulfilling and authentic life. You have the capacity and will take responsibility to create healthy choices to achieve needs, goals, desires, and to find meaning and purpose in your life. You are capable of self-awareness. That is the ultimate goal to strive for during the therapeutic process. I will use an integrative approach to meet your treatment related goals with your permission. I remain faithful to my commitment to be responsive and empathetic to your thoughts and feelings. I am highly committed to your continual personal growth. Together, in a collaborative relationship, it is possible to stimulate positive action and change.

INFORMED CONSENT

Counseling Relationship: Our sessions will begin promptly on the hour and will last approximately 50 minutes to one hour. Our counseling sessions may be very intimate psychologically; however, it is important to know our relationship is a professional one rather than a personal one. Our contact will be limited to counseling sessions arranged by appointment only. You may leave a message for me at (214) 507-0448. I will return your call as soon as possible. In the case of an emergency or crisis, you can obtain crisis services by calling 911 and/or going to a nearby hospital emergency room.

Effects of Counseling: The effects of counseling vary. At any time during our process, you may initiate and express any positive or negative thoughts or feelings about our experience together, your progress, or lack thereof. Benefits from counseling are certainly preferred; however, specific results are not guaranteed. Know that during the therapeutic process changes may occur and can sometimes be temporarily distressing. Significant relationships might change as a result of your personal growth and self- understanding. My intention is that change can occur through our genuine therapeutic relationship.

Client Rights: Each client is different regarding the amount of necessary counseling sessions to achieve their goals. As a client, you are in complete control and may end our counseling relationship at any time. I do request; however, that you participate in a termination session. You have the right to discuss with me and modify any counseling technique or suggestions you may deem as not beneficial.

I assure you that my services will be rendered in a professional manner consistent with legal and ethical standards. If you are dissatisfied, at any time, 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.

Fees: For a fee of $100.00 per one-hour session, I agree to provide counseling services for you. This fee will be paid at the conclusion of each session. Cash or personal checks made out to Donna Kirby Counseling, will be acceptable forms of payment. If this fee presents a hardship for you, please let me know. Payment plans may be optional depending on proof of individual or family income. Fees will be charged for time spent on any necessary document preparation (copies), requests from attorneys representing client, court costs, depositions, or testifying in court for any legal proceeding due to the complexity and difficulties of legal involvement.

Cancellations: I value your time. If you are unable to make your scheduled appointment, please notify me at (214) 507-0448, at least 24 hours in advance. In the event of a missed appointment or lack of 24 hours notice, you will be billed for the full fee.

Referrals: I realize that not all conditions presented by clients are appropriate for treatment at this facility. Certain aspects of treatment may require evaluation through psychological testing, alternative programs, or medication. In such cases, a referral to a medical doctor or a psychiatrist may be made. Ongoing dialogue with these professionals would be maintained to manage the counseling process effectively. Should you and/or I believe that a referral is necessary, I will provide alternatives that may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Conditions of Ongoing Counseling: If you have been in counseling during the past seven years, I may require you to sign a release so I may communicate with and/or receive copies of records from the professional(s) from which you received mental health services. While in counseling with me, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with me and sign a release that enables me to communicate with the other mental health professional(s). If you decide to maintain or establish a relationship with another mental health professional against my advice, I may consider this your decision to change counselors and I reserve the right to terminate your counseling.

Records and Confidentiality: All communication becomes a part of a clinical record. Records are kept for seven years after the file is closed, then disposed of. Minor client records are disposed of seven years after their 18th birthday.

Our communication is strictly confidential, except for the following limitations and exceptions: (1) I am using case records for purposes of supervision and professional development. In these cases, I will identify you by first name only to preserve confidentiality; (2) I determine you are in danger to yourself and/or others; (3) you disclose sexual contact with another mental health professional; (4) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled

person; (5) I am ordered by a court to disclose information; (6) you direct me to release your records; (7) I am otherwise required by law to disclose information.

If you believe that we have violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(800) 368-1019 (toll free)

We will not retaliate against you if you file a complaint.

If I see you in public, I will protect your confidentiality by acknowledging you ***only*** if you approach me first.

By your signature below, you are indicating that you have read and understood this statement, and that any questions you had about this statement 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 18)

Counselor Signature_____ Date_____