

Disclosure Statement

I am a licensed Professional Clinical Counselor in the State Of Minnesota and a Licensed Professional Counselor in the State of South Dakota. You have the right to know my qualifications, methods and mutual expectations of the therapeutic relationship. The information presented here is to provide to inform you of my background and methods of therapy.

CREDENTIALS AND EXPERIENCE

My degrees are:

An Ed.D. in Counseling and Psychology from the University of South Dakota

A Masters Degree in Counseling and Psychology from the University of South Dakota

A Doctor of Ministry Degree from North American Baptist Seminary

A Master of Divinity Degree from the Methodist Theological School in Ohio

A Bachelor of Science in Sociology and Geography from South Dakota State University

I have worked as a Psychologist at the South Dakota Developmental Center and at the Minnesota Correctional Facility-Faribault. I have also worked as a Therapist at the Northeastern Mental Health Center in Redfield, SD. I am an ordained clergyperson in the United Methodist Church.

YOUR RIGHTS AND RESPONSIBILITIES

You have the right to receive information from me about my methods of therapy, the techniques I use (I use Jungian theory basis), the duration of your therapy (if I can determine it) and my fee structure. Currently my fees are \$85 (eighty-five) for a Fifty (50) minute session. Payment is expected at the beginning of the session. If any change in fee structure occurs you will be notified in advance. Please ask if you would like to receive this information. Fees are payable at the beginning of each session by check, cash or credit cards. I do not accept insurance at this time but will provide an invoice of sessions attended for you to present to your insurance carrier.

If you must cancel a scheduled appointment please inform me no later than 24 hours before the appointment. Please be on time you're your scheduled sessions, as other clients may have appointments with me immediately following yours. Not that if you are late, the session will still end on time and you will be responsible for full payment.

You may at any time seek a second opinion from another Therapist at any time.

In a professional therapeutic relationship sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy, verbal or physical abuse occurs, it should be reported to the Minnesota Board of Behavioral Health and Therapy Board, 2829 University Ave SE, Suite 210, Minneapolis MN 55414

As a Licensed Professional Clinical Counselor, I adhere to the Code of Ethics and Standards of Practice approved by the Minnesota Board of Behavioral Health and Therapy and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. Generally speaking, information provided by and to a client during sessions with a Counselor is legally confidential, and the therapist cannot disclose the information without the clients consent. Unless subpoenaed by the courts, I cannot disclose your information. The exception to this rule is if I determine that you are a threat to yourself or anyone else. Under these conditions I am bound by statute to take action to protect the involved parties. You have a right to access records and any written information I have in accordance with state Statute.

In order to keep our relationship strictly professional; please do not give me any gifts, however small, including cards or even Christmas Cards.

If you have any questions or would like additional information, please feel free to ask. You may assert your rights at any time without fear of reprisal.

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Signature _____ Age _____