

PROFESSIONAL DISCLOSURE STATEMENT

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Texas License No. 17842

This document is designed to provide you with information about my professional qualifications and the professional relationship between counselor and client.

FORMAL PROFESSIONAL EDUCATION

I currently hold a Bachelor of Liberal Arts (Psychology) degree from the University of Texas - Austin, a Master of Education (Counseling Psychology) degree from the University of Houston - Victoria, a Registered Play Therapist certification, and a Licensed Professional Counselor license from the state of Texas. My current licensure allows me to perform counseling with clients within the state of Texas.

AREAS OF COMPETENCE

As a Licensed Professional Counselor, my areas of competence include:

- Individual
- Group
- Family
- Play therapy

PROFESSIONAL BELIEFS AND TECHNIQUES

I believe that the client and the counselor develop a professional relationship to enable the client to: (1) develop effective problem-solving skills, (2) maximize self-esteem and self-awareness, (3) recognize untapped resources and strengths, (4) achieve optimum mental health and independence, and (5) learn to develop and maintain healthy interpersonal relationships.

The professional relationship requires commitment from the client and the counselor in order for the client to effect the desired changes in his/her life. The client has the right, at all times, to choose to end the professional relationship unless the court has mandated that the client remain in a counseling relationship. The success of any specific therapeutic goals cannot be guaranteed, but a committed professional relationship between the counselor and the client will provide optimum conditions for success.

I am not a medical doctor and cannot prescribe medication, provide medication, withhold or dispense medication, or perform any medical procedure. If a psychiatric assessment would be helpful, in my opinion, I can refer the client to individuals or agencies that provide that service.

CONFIDENTIALITY

A client has the right to expect communication between herself/himself and the counselor to remain confidential. In order to release information regarding a client, I must have a signed Release of Information document. The client or the client's parent(s) or guardian (if the client is under 18 years of age) must sign the Release.

There are limits to confidentiality. I am legally compelled to breach confidentiality if:

- served with a court order or subpoena;
- the client reports a threat of harm to self or others;
- the client reports abuse of a minor or an elderly person.

According to the Buckley Act, parents have the right to access data compiled on their minor child by the Victoria Independent School District.

DUAL RELATIONSHIPS

As a Licensed Professional Counselor, I cannot counsel personal friends, business associates, educational associates, family members, or others whose welfare might be jeopardized by a dual relationship. The counseling relationship is a professional one, not a social one, and is closely protected by a professional code of ethics. Contacts, other than chance meetings in the community or on campus, will be limited to counseling sessions. I can best serve you or your child by maintaining a strict professional relationship and concentrating on the therapeutic issues that brought you or your child into counseling.

INFORMED CONSENT REGARDING FEES

My services are billed at the rate of \$275.00 for the initial evaluation session and \$175.00 per hour thereafter. Counseling sessions last approximately 50 minutes (45 minutes for a play therapy session). Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours' notice is requested for cancellation. Sessions that are missed without this advance cancellation must be billed at the full charge.

CLIENT'S RIGHTS

You have the right to professional and ethical treatment, regardless of sex, race, religion, disability, sexual orientation, or political affiliation.

You have the right to be referred to another clinician if you do not wish to continue our professional relationship. You will be provided, in writing, with the names of at least three (3) other clinicians in the community. The documentation will include name, address, and telephone number for each of the three

clinicians. The terms of the counseling relationship are between you and the clinician you have chosen.

If you are dissatisfied with the services you receive, you may report your concerns to the Texas Behavioral Health Executive Council, 1801 Congress Avenue, Suite 7.300, Austin, Texas 78701, (512) 305-7700.

Client Dated

Parent/Guardian Dated

Sandra Garton Breech Dated