

Dragonfly Therapy Services & Institute
Professional Disclosure Statement

Nature of Counseling: My approach to counseling an integrative approach based on the needs of each individual client. We will work together to develop goals and learn effective ways to deal with issues and behaviors. I believe that all behaviors are meaningful and we must develop insight into the reasons behind actions to move forward to change them. I have a PHD in Counselor Education from Texas Tech University. I am trained as a Licensed Professional Counselor-Supervisor, a National Certified Counselor, Certified School Counselor, and Registered Play Therapist-Supervisor.

Counseling Relationship: While we work together, we will meet for 45- 50 minute sessions. Our sessions may be intimate psychologically, but ours is a professional relationship. You will be best served if our sessions concentrate exclusively on your concerns. Our in-person contact will be limited to counseling sessions you arrange with me. I will be in my office location during scheduled times. You may leave messages for me on my voicemail, and I will return your call as time allows, please do not text or email with counseling information as these are not secure means to handle confidential information. If you experience a mental health emergency, call 911 or go to a hospital Emergency Room.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together, we will work to achieve the best possible results for you.

Client Rights: Some clients achieve their goals in a few counseling sessions; others require longer. As a client, you are in complete control and may end our counseling relationship at any time; however, I do ask that you participate in a termination session. You have the right to refuse or discuss modification of any counseling techniques or suggestions that you believe might be harmful. My services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Texas State Board of Examiners for Licensed Professional Counselors at (512) 834-6658.

Records: All of our communication becomes part of the clinical record. Records will remain my property. Client records are disposed of five years after the file is closed. By your signature below, you are indicating that you have read and understood this statement and all the information presented in it, and that any questions you had about this statement were answered to your satisfaction. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to each of its specifications.

Fees and Financial Policy

I, the undersigned, have requested services from Julie Merriman, PHD, LPC-S, NCC, CSC, RPT-S. I agree to pay for services at the following rates and to abide by the terms outlined in this contract.

Intake Interview	60 – 90 min. \$225.00
Counseling	45-50 min. \$175.00
Telephone Consult	0-15 min. \$ 25.00 (every 15 minutes)
Missed Appointment	\$25.00
Report Preparation	\$75.00
Court Appearance	\$600.00 per hour with 5 hour minimum plus travel expenses (\$.60/mile plus \$75 per day per diem). Minimum payment for this service is expected at least one week PRIOR to the scheduled date. NO REFUNDS.

Please initial in space provided below:

_____ **Cancellation, Rescheduling, and Missing Appointments:** In the event that you will not be able to keep an appointment, courtesy indicates the need for you to notify me at least 24 hours in advance of the appointment time. It is ultimately your responsibility to attend each session on time, or call to cancel at least 24 hours prior to your designated appointment.

***Please Note: At this time, I only accept cash or checks.**

By signing below, you are giving me permission to provide counseling. Further, In return for the fees listed above, I agree to provide counseling services for you. All fees for each session will be due and must be paid at the beginning of each session.

Client's Signature or Parent/Guardian

Date

Counselor Signature