

Shield-Bearer Counseling Centers

12345 Jones Rd., Suite 285

Houston, TX 77070

Confidentiality in Practice and Your Rights

I, _____, understand that what is discussed in sessions with a counselor at Shield-Bearer Counseling Centers (SBCC) is confidential. If I request records to be sent to another party, or I request that my therapist consult with another party, I must sign a written request stating the purpose and content of such request. I also understand that at specific times, the *law mandates* that confidentiality be broken. Confidentiality will be broken if:

1. You or someone in your family who is seen in therapy reports a reasonable suspicion that a child and/or a dependent adult is being abused.
2. It is determined that there is a probability of imminent physical injury by the client to the client or others or there is a probability of immediate mental or emotional injury to the patient.
3. You or someone in your family who is seen in therapy reports a reasonable suspicion that an elderly person is being abused.
4. A legal agent subpoenas records.

I understand that I have a right to terminate sessions at any time.

I understand that I have a right to contact the Texas Board of Social Work Examiners/ Texas Board of Licensed Professional Counselors if I am concerned about any ethical impropriety. I also understand that I may choose to voice my concerns to the Clinical Director and/or the Executive Director of SBCC as well.

I understand that I must give 24 hour notice if there is a need to cancel an appointment. I understand that if I fail to give notice I will be charged for the missed session at full fee.

I understand the fee for each session is _____, and that I may or may not qualify for a sliding scale rate. This rate will be determined by SBCC prior to my first appointment and will be paid in full at the time of service. Each session is 50 minutes to one hour long.

Signed _____

Date _____