

## **Disclosure Statement/Client Information & Consent for Treatment Form**

Franklin David Cooper

Licensed Professional Counselor

Four Seasons Counseling Services, Rock Hill, SC

I am pleased that you chose me as your counselor. This document is for the purpose of informing you about my credentials, education, my personal background, theoretical styles, confidentiality, length of sessions, billing, and to ensure that you understand our professional relationship.

### **Credentials**

I am licensed by the state of South Carolina as a Licensed Professional Counselor. In my experience thus far, I have assisted adolescents and adults of all ages; both single and married couples. Some of the issues that I have assisted clients with are anxiety, depression, life transitions, marital discord, divorce/family adjustment, grief, spiritual formation, and personality disorders.

### **Education**

I hold a dual masters degree in divinity and mental health counseling (M.Div./MA/Eds from the M. Christopher White School of Divinity and the School of Counseling and Psychology at Gardner-Webb University). These graduate programs are accredited by The Southern Association of Colleges and Schools and the Council on Accreditation of Counseling and Related Education Programs (CACREP).

### **Personal Background**

I am 58 years old, have been married for 37 years, have two adult children and one grand child. Along with being a counselor, I am a Christian minister, licensed by the South Carolina Southern Baptist Convention, and an active member of Old Town Church, Rock Hill, SC. I attempt to keep a healthy holistic (mind, body, and spirit) lifestyle through prayer, Bible study, worship, exercise, and reading/keeping informed about my profession, amongst other interests that I have.

### **Theoretical Style(s)**

I am a conjoint therapist which means that I counsel from a Christian worldview and embrace both spiritual resources and compatible proven counseling methodologies from the sciences of mental health. Implementation of this counseling approach incorporates the psychological, physical, and spiritual aspects of the whole person.

While I do not attempt to force Christianity onto any client, I do believe that therapy is always a triangulated encounter between God, the client, and the therapist; therefore, I counsel/work with clients on the basis of believing that the client will come to the realization that he/she has a God given capacity to solve their problems with my assistance. (You may already hold to this belief.) In giving this assistance, the counseling theories that I concentrate in and have found very beneficial to clients are Rational Emotive Behavior Therapy, Cognitive Behavior Therapy, Gestalt, and Existentialism.

### **The Counseling Relationship**

A counseling relationship between a client and myself is a professional relationship in which the counselor assists the client in exploring and resolving difficult life issues. An integral part of my counseling is working with clients on setting and meeting their goals, with the overall goal of clients being mentally healthy - in touch with reality and relatively free from anxiety. It is impossible for me to guarantee any specific results regarding your counseling goals. However, I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

Some clients may only need a few counseling sessions to achieve their goals. However, other clients who may have deep emotional and/or spiritual wounds from the past may require several months for healing and growth

to take place. In either case, clients are in complete control of the duration of the counseling relationship; therefore, a client can end our counseling relationship at any point and I will be supportive of that decision. If counseling is successful, clients will leave the relationship feeling assured and having the mindset that they are able to face present and future life challenges without my support or intervention. However, if the client feels the need for a “check-up” in the future or desires to work on another impasse, I will gladly enter into a new counseling relationship with him or her at that time.

The counselor – client sessions many times become very intimate (in the most ethical sense) and you will always be greeted warmly and treated with unconditional positive regard, but it is important to know that we have a professional, rather than a social relationship. Our personal contact will be limited to the counseling sessions.

When we are not in a session, if you feel your mental health requires emergency attention or if you have an emotional crisis, you should call 911 or report to the emergency room of the local hospital and request mental health services.

### **Ethics**

As a Licensed Professional Counselor, I adhere to the Code of Ethics set forth by the South Carolina Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. Therefore, pertaining to these codes and my personal ethics, sexual intimacy between myself and a client is prohibited (would never be acceptable).

### **Confidentiality**

Please rest assured that I will keep confidential anything you say to me with the following general exceptions:

- You direct me to tell someone else.
- You are a danger to yourself or others.
- If you reveal or if I determine that you are being physically abused.
- If I am ordered by a court to disclose information.
- If you are 17 years of age or younger your parents or legal guardian may also have access to what is said in our sessions if they request it.

This confidentiality is guided by my Christian ethics, the American Counseling Association (ACA) Ethical Code, and the Health Insurance Portability and Accounting Act (HIPAA) of 1996.

### **Referral**

Should you and/or I believe that a referral elsewhere is needed, I will attempt to provide an alternative including programs and/or people who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

### **Filing a Complaint**

In the event that you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to:

S.C. Dept. of Labor, Licensing and Regulation

Attn: Complaints (803) 896-4470

P.O. Box 11329 The link for the Complaint Form is

Columbia, SC 29211 <https://eservice.llr.sc.gov/onlineComplaint/>

**Billing**

In return for a fee of \$75.00/session for one client or a fee of \$100.00 for couples or family counseling, I agree to provide counseling services for you. Sessions are usually 1 to 1 ¼ hours in duration.

The fee for each session will be due at the end of each session and can be paid with cash, your personal check, or a debit or credit card. (If paying with a debit or credit card there will be a service fee of approx. \$3.00 added to a \$75.00 payment and approx. \$4.00 added to a \$100.00 payment. Also, in most cases, I can accept payment through your Flex Spending Account if you have one through your employer. I will provide you with a receipt each time payment is made.

**Cancelling an Appointment**

In the event that you will not be able to keep an appointment, please contact me at (803) 487-3786 24 hours in advance. Otherwise, you will be charged \$25.00 for the missed session. You will be mailed a bill to the address that you have supplied for any unpaid balance on your account. Please see the Cancellation Policy page for further details.

If you have any questions or concerns that have not been addressed by the information provided within this form, please feel free to ask me about them.

If you agree to use my counseling services, please sign, and date this form below. This form will remain in your file, which will be kept at Four Seasons Counseling Services.

Sincerely,  
David Cooper, LPC, MDiv.

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Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date