

Professional Disclosure Statement & Consent for Treatment



Dale Labrum, NCC, LPC
Help and Hope Counseling
PO Box 13403
Mesa AZ 85216
Phone: 602-435-4356
www.Help-Hope.com

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment.

Credentials and Approach to Counseling

Dale Labrum is a Licensed Professional Counselor (LPC) in the state of Arizona. He is a Nationally Certified Counselor (NCC) through the National Board of Certified Counselors. He has a Master's Degree from Western Seminary, Portland OR. He has a Bachelor's Degree in Psychology with a minor in Family Studies from Southwestern College, Phoenix, Arizona. He has a national certification for working with ADHD in children and adults, and he is trained in using EMDR protocols for treating trauma.

As a Licensed Professional Counselor, he will abide by the Arizona Administrative Code, TITLE 4. PROFESSIONS AND OCCUPATIONS, CHAPTER 6. BOARD OF BEHAVIORAL HEALTH EXAMINERS, and the Arizona Revised Statutes Title 32 – Professions and Occupations Chapter 33 – Behavioral Health Professionals, including the American Counseling Association Code of Ethics.

Dale has life experience from 44+ years of marriage, and raising three boys. He has 23 years of experience in business and executive management. He has 8 1/2 years of experience in pastoral care/counseling. He has worked with Severe Mental Illness (SMI), and with children exclusively for over two years.

He believes that everyone has the potential and resources to help themselves find solutions to the challenges that life brings. Counseling can facilitate this process by establishing a relationship with a trained professional who is skilled at helpful conversations that offer new perspectives, ways to express feelings and thoughts, and a means to address pain, work through loss, develop life skills, and define what brings meaning to one's life. He uses a short term, solution focused approach to counseling. This utilizes Cognitive-Behavioral techniques to address how patterns of thoughts impact patterns of behavior; Solution-Focused techniques to identify specific steps to identify and accomplish life goals; and educational resources to facilitate and maintain mental and emotional wellness. There is also a focus on the development of coping skills that can assist the client long after the counseling process is completed.

When a client talks about personal information and the counselor responds with respect and authenticity, sessions may seem emotionally intimate. To maintain a safe and beneficial environment, the counseling relationship will remain professional and limited to sessions in the office or over the phone, focusing on client concerns. For the benefit of the client, the client and counselor will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Cultural sensitivity may require some minor modification.

Confidentiality & Client Rights:

Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the therapist is required or permitted by the HIPAA Privacy Standard or Arizona state law. As a consumer of counseling or therapy services offered by an Arizona licensee, you have the following rights:

1. Understand the purpose of your treatment, general procedures to be used in treatment, including benefits, limitations, and potential risks.
2. The right to have the client's records and all information regarding the client kept confidential and an explanation of the limitations on confidentiality; CT's may request to have their records in writing and sign a release of information.

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3. Notification of the licensee's supervision or involvement with a treatment team of professionals; when such supervision or consultation occurs, client's personal information (HIPAA) will be kept confidential.
4. The client has the right to participate in treatment decisions and in the development and periodic review and revision of the client's treatment plan;
5. The right to refuse any recommended treatment or to withdraw consent to treatment and to be advised of the consequences of refusal or withdrawal;
6. The right to be informed of all fees that the client is required to pay and the licensee's refund and collection policies and procedures;
7. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - A. Reporting suspected child abuse;
 - B. Reporting imminent danger to the client or others;
 - C. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
 - D. In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with other health professionals, who are bound by applicable rules of confidentiality.
 - E. Defending claims brought by the client against licensee;
 - F. Information may also be disclosed if a client signs a written authorization (Release Of Information "ROI). Electronic transmission and caller identification--by phone, cell phone, FAX, email, or Internet increases risk for breach of confidentiality.
 - G. The use of third party billing services; Sunshine Billing in the billing of insurance companies used by the client. They do not have access to client session notes. Insurance companies are the sole determiner of Client benefits.
 - H. The use of third party accounting service is used to handle business bookkeeping and audit records, which may include the Explanation of Benefits (EOB) from a client's insurance provider.
8. While receiving services, to be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

General procedures, including benefits, limitations, and potential risks & Voluntary Participation:

Counseling involves personal exploration and potential life change that, whether positive or negative, may alter significant relationships and how a client views him or her self. Change can often create temporary distress. Participation in counseling is understood to be an informed choice made by the client. Since many factors influence the counseling process, specific outcomes cannot be guaranteed and clients may, or may not, maximally benefit.

Some clients need only a few sessions to achieve their goals, while others may require sessions over several months or years of counseling. The client may choose not to seek treatment at this time. Options include other therapists, books, support groups, self-help resources, medical treatment, pharmacological therapy, and other modes of treatment. A client has the right to terminate counseling at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

Communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from date of termination. Records of minor clients will be retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is the later.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments. You may also contact the Arizona Board of Behavioral Health Examiners at 1740 WEST ADAMS STREET, #3600, PHOENIX, AZ 85007 (Main Number: 602-542-1882) or by email at information@azbbhe.us. You can also obtain information about your counselor on the Board's website.

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Emergency Services:

If in need of emergency services, the client should call the Crisis Line at (888) 232-7192, (800) 273-TALK, (800) SUICIDE, or 911. Help and Hope Counseling is not a crisis services provider.

ACKNOWLEDGMENT & CONSENT FOR TREATMENT

I/We have received a copy of the *Notice of Privacy Practices*, and this disclosure statement about the counselor. I/We have read the information, and we were given the opportunity to ask questions, and understand the contents. I understand that Help and Hope Counseling Center does not offer emergency services or residential treatment.

Client/Guardian Signature

Date: _____

Client/Guardian Signature

Date: _____

Client/Guardian Signature

Date: _____

Counselor Signature

Date: _____