



TRUE NORTH

Psychological Services

Professional Disclosure (Resident in Counseling)

This information is intended to inform you about my professional background and to describe certain aspects of our therapeutic relationship. Please read it carefully and feel free to ask any questions you may have.

Currently, I am a Resident in Counseling which means I am working towards becoming a fully licensed practitioner. Therefore, I am under supervision as I obtain the necessary hours. Supervised Practice As part of the standard training process, my counseling services are under the supervision of Dr. Jennifer E. Kaufman Walker, LPC who will be reviewing my session notes, treatment plans, etc. to provide me with feedback and ensure that quality care is being provided.

Confidentiality I consider my clients' confidentiality of the utmost importance and will keep confidential anything you say as part of our counseling relationship. However, there are a few rare circumstances in which I may be required to break confidentiality: (a) you give written permission to disclose information to someone else, such as another health professional, insurance company, or family member. (b) I determine that you are a danger to yourself or to others. (c) you disclose information that leads me to believe a child, disabled person or elderly person is being abused or neglected. (d) I am ordered by a court to disclose information. (In unusual cases a client's involvement in a custody or criminal dispute may lead to me receiving such a court order.)

As mentioned above under "Supervised Practice," I am in training and am thus required to be under supervision. The supervision process may include discussion of our counseling sessions with my supervisor or professional colleagues. I will make every effort to preserve your anonymity and you may trust that my colleagues are held to the same standards of confidentiality. All our communication becomes part of your clinical record, which is accessible to you upon request.

Acknowledgement and Acceptance of Terms I have read and agree to these terms and will abide by these guidelines. I understand that I am free to ask questions or raise concerns at any point in the therapeutic process.

Print, sign, and date (Client)

Print, sign, and date (Therapist)