



Center for Biofeedback and Behavior Therapy

4530 Beltway Rd.
Addison, TX 75001
(469)358-1309
www.cbbt.org

PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I am a graduate student in the counseling program at UNT working on a doctoral degree. In my affiliation with the UNT counseling program, I am fully licensed counselor. My formal education has prepared me to counsel individual: adolescents, adults, groups, and biofeedback. I currently hold a Licensed Professional Counselor status, and I am a certified biofeedback therapist through The Biofeedback Certification Institute of America (BCIAC).

Experience: In my master's program, under supervision, and in private practice in the community; I have practiced counseling skills in an educational training setting with classmates, and have counseled several clients in the community in private practice, and have led several content format counseling group. I currently am the coordinator of a biofeedback department in a private practice in North Dallas. I have over 5000 hours of experience in private practice in counseling, group, and biofeedback.

Nature of Counseling: My theoretical orientation is Cognitive Behavioral Therapy (CBT), an approach that focuses on how your thoughts influence your behavior and experience of the world and others around you. My approach is to collaborate with my you and work together to identify and redirect negative thought patterns; and to restructure negative behavior patterns that can contribute to understanding of the world and the people around you.

Conditions of Counseling

Counseling Relationship: Unless you prefer otherwise, I will call you by your first name. Please call me Rusty. During the time you and I work together, we usually will meet weekly for approximately 50-minute sessions. Although our sessions may be psychologically deep, ours is a professional relationship rather than a social one. Therefore, please do not invite me to social events, bring me gifts, ask to barter or exchange services, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling relationship. You will benefit the most if our interactions address your concerns exclusively.

I conduct all counseling sessions in English or in Spanish. I do not discriminate on the basis of race, gender, religion, national origin, disability, or sexual orientation. If significant differences, such as in culture or belief system, exist between us, I will work to understand those differences.

Effects of Counseling: At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling. However, I cannot guarantee any specific results. Counseling is a personal exploration that 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. You may feel troubled, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In addition, counseling can, at times, result in long lasting effects. For example, one risk of couple counseling is the possibility that the marriage may end. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

Client Rights: Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the **Texas State Board of Professional Counselors, at 512-834-6658.**

Appointments, Cancellation, and Crises: Our in-person contact will be limited to counseling sessions you arrange with me. My scheduled time at CBBT varies per week. In the event that you are unable to keep an appointment, please notify me at least **24 hours in advance.** Likewise, if you intend to discontinue counseling, please inform immediately so that I may assigned a new client to that counseling hour.

Confidentiality: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. Further information about confidentiality is addressed in the *Notice of Privacy Practice and Informed Consent.*

In the event that I believe you are in danger, physically or emotionally, to yourself or another person, you specifically consent for me to warn the person in danger and to contact the following persons, in addition to medical and/or law enforcement personnel:

Name

Telephone Number

You consent for me to communicate with you by mail, e-mail, and/or phone at the following addresses and phone numbers, and you will IMMEDIATELY advise me in the event of any change:

Street Address

E-Mail Address

Telephone Number(s)

Records: Files are closed once the counseling relationship ends. Records for adult clients are destroyed seven years after the file is closed. Records for minor clients are destroyed seven years after the client turns 18 years of age

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past seven years, the CBBT requires you to sign a release so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services, if I deem it important to do so. By signing this form, you are agreeing to disclose all previous mental health treatment and to reimburse the CBBT for any expenses charged by your previous mental health professional(s) for supplying copies of your records. While you are in counseling with me at the CBBT, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with me and sign a release that enables me to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, I may consider this your decision to change counselors, and CBBT reserves the right to terminate your counseling.

Referrals: CBBT recognizes that not all conditions presented by clients are appropriate for treatment at this facility. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternative to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives. I most likely will be available to be your counselor at the CBBT.

Counselor

Date

Client

Date