**Professional Disclosure Statement**

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I believe the counseling experience is one of very personal, shared interaction between two people; the most crucial aspect of this relationship is trust.  To help you build this trust, I want to share with you my professional beliefs, background, and most importantly, your rights.  This document is part of the standards of practice of the Texas Board of Licensed Marriage and Family Therapists.  Please read this statement prior to our first session.

**Licensure, Education & Experience:**I am a Licensed Professional Counselor-Supervisor, Licensed Marriage and Family Therapist, and I am an Emotionally Focused Therapist. That means that I am licensed to counselor individuals, couples and families, and when I work with couples and families, I practice using a particular set of skills unique to emotionally focused therapy. I received my Master of Arts degree in Marriage and Family Therapy from Liberty University in Lynchburg, Virginia. My areas of special interest and experience are relationship issues, anxiety, learning disabilities, dealing with ADHD, parenting, conflict resolution, anger management, domestic abuse or violence, divorce, chronic pain or illness, loss or grief, and spirituality, to name a few.

I hold memberships with the American Counseling Association, American Association of Marriage and Family Therapy, San Antonio Association of Marriage and Family Therapy, Texas Association of Marriage and Family Therapy, the American Association of Christian Counselors, Christian Counselors of Texas Association, International Centre for Excellence in Emotionally Focused Therapy, and the San Antonio Emotionally Focused Therapy Community (a Director..

**Counseling Philosophy:**I believe that counseling is a journey of exploration undertaken with counselor and client, one that requires hard work as well as trust to be successful. Counseling must be a safe place to explore who you are as well as relationship issues, and feelings about others. Self awareness may be a very short process or a longer journey, as each individual is different. You have the right to decline or accept any suggestions you are given in counseling, and you will not be put into a position to feel pressured into doing something you do not want to do. You also have the right to be informed of any potential risks. Some of those risks might include but are not limited to uncomfortable feelings of guilt, anxiety, anger or frustration. During the process of changing, current relationships may be affected, even if the other person is not in the counseling session. With these risks in mind, there is also the possibility of benefits, such as increased insight into yourself and those you love, skills developed that also help your effectiveness in dealing with life, your relationships as well as helping your own self image.   I consider myself a solution-focused brief therapist but I use many different therapy techniques during counseling.

Together we will decide on the amount of sessions needed to achieve your goals.  I may give you homework of different varieties to practice some of the skills that we will discuss during the sessions. Because my desire is for you to get the best help possible, if I believe issues or concerns arise beyond my scope of expertise, I will make every effort to refer you to more qualified professionals.

**Confidentiality:**All our communication becomes part of the clinical record. Records are the confidential property of Pamela L. King, MA, LPC-S, LMFT. This includes any emails that you send to me. You have the right to send me emails, but please know that I will usually not respond to any of them, as I feel this is what our therapy session is for. Please also be aware of the lack of confidentiality when it comes to emails.

In certain situations, in order to provide you excellent care, I may consult with another qualified professional. In these situations I do not use your name or any other identifiers during these consultations, to protect privacy. Records are maintained for adults for five years after the file has been closed. In the case of my death or permanent incapacity, I have made arrangements for my files to be protected in their confidential state. Even though all records are my property, they are kept for your benefit and are available to you at your request, if deemed therapeutically valuable.  As stated earlier, you have the right to be informed of your counselor’s qualifications as well as the right to decline or accept any suggestions or therapeutic strategies.  I will remind you of these rights and choices periodically throughout our therapeutic relationship.  Termination of the counseling relationship will be made by a collaborative decision between us both or by you, at any time.

Everything we say in session is confidential, except:

a) If I believe you are a *danger* to yourself or someone else,

b) In the case of *abuse* to a child, a disabled or elderly person,

c) If you give me *written* *permission* to disclose information with someone else,

d) If we communicate using texts and/or email, understand the limits of confidentiality with anything   
 cyber.

e) If I or my files are subpoenaed by the court to testify.

If I am seeing you and your partner together or separately, I have a “no secrets” policy, and what is said in sessions is also subject to the above limitations.

**Client Rights:**All records are my property; however they are kept for your benefit and are available to you at  
your request, if deemed therapeutically valuable.  As stated earlier, you have the right to be informed of your counselor’s qualifications as well as the right to decline or accept any suggestions or therapeutic strategies.  I will remind you of these rights and choices periodically throughout our therapeutic relationship.  Termination of the counseling relationship will be made by a collaborative decision between us both or by you, at any time.

**Fees:**Intake $150.00, Sessions thereafter $125.00 per hour. Your session charge will remain the same as long as you continue to come to counseling continually, even if I raise my professional fees. If you stop counseling and then resume again after three or more months, and there has been a professional fee increase, **the fee increase will apply to your sessions as well; they will no longer be at the rate in place when you originally came into counseling.** If you have Blue Cross Blue Shield insurance, I will contact BCBS to get an estimate of coverage, and the beginning payments will be based on that estimate. If the actually BCBS payment is less than originally estimated, you are responsible for any differences between the estimated payments and their actual payment, so that with either your or the BCBS payment or both, what is covered by BCBS is paid in full.

Payment is by cash, check, or credit card, payable each session**. If cancelation is necessary, notification must be made at least 24 hours before session or $100.00 payment of the session will be required.**

At this time, I do not provide services that involve legal proceedings unless subpoenaed by an official court. All notes, medical records and information pertaining to my clients are considered confidential unless otherwise notified in writing by the appropriate courts. If it becomes necessary for me to become part of legal proceedings based on a subpoena from the court, the fees for my services are:

* Daily rate (testimony): $125/hour (Daily fee does not include per diem, and/or travel-related expenses. Those will be negotiated in advance).
* Mileage: $.55/mile
* Letter or report preparation: $125.00/hour

**Emergencies:**If you have an *urgent* *situation,* which you feel needs immediate support, please contact your local 911 system or go to the nearest emergency room.

**Client Responsibilities:**As a client you have the responsibility to set and keep appointments.  Let your counselor know as soon as possible, at least within 24 hours, if you cannot keep an appointment.  Help plan your treatment goals and follow through with agreed upon goals.   The client is responsible for his/her actions when he/she refuses treatment or does not follow the practitioner's instructions.

**Consent for Treatment:**By signing below, you indicate that you have been informed of the contents of this document, that your questions have been answered and that you understand the above information.   Your signature also indicates that you are consenting to receive counseling services.

**Client Rights, Responsibility and Confidentiality**My signature attests that I fully understand my rights as a client, as well as my responsibilities.  Additionally I am aware of the limits of confidentiality.   

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Client Signature                                                                                           Date

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2nd Client Signature or  Parent/Guardian Signature                                           Date

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Pamela L. King, MA, LMFT, LPC-S Date

TEXAS STATE BOARD OF EXAMINERS OF   
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