HOLMAN FAMILY SERVICES; LLC PROFESSIONAL DISCLOSURE STATEMENT

Qualifications of Florence Osuofa, M. S., M.A., LPC

I am a Contract Therapist with Holman Family Services. As a Licensed Professional Counselor my formal education has prepared me to counsel individuals, adolescents, adults, groups, parents, couples, and families. I have experience in Play Therapy, Substance Abuse and Relationship Counseling. I have several years of experience working with high school students overseas, in Denton Independent School District, at the University of North Texas.

Experience:

Currently, I am a graduate student at Texas Woman's University pursuing a Ph.D. in Family Therapy. I graduated from the University of North Texas with Master of Science Degree in Counseling and a second Master's of Art's Degree in French. I also have an earned Bachelor of Arts Degree in English and French, with a minor in Education

Nature of Counseling: As a Christian counselor, I am aligned with the beliefs and teachings within the Bible. I believe all people have the potential for good and strive toward significance within their existence. Connection with the Spirit of God through Jesus Christ satisfies our need for significance and creates true purpose in our lives. I believe that people's feelings, thoughts, and behaviors are created by how they experience their surroundings. I also believe that people have the ability to change their emotions, behaviors, and goals through their choices. I will use a variety of techniques (homework assignments, self-exploration, acting, and visualizing) and invite you to establish goals and explore how your behaviors and emotions are working to meet those goals. If you desire a change in your emotions and behaviors, through self-exploration, we can work as a team to meet your treatment goals.

Student / Intern Therapists

Holman Family Services is a teaching counseling center, occasionally student counselors (practicum students) or clinical interns (probationary licensed counselors) will join me in sessions. Those Interns or Students are there to observe me and the methods and techniques of counseling. They are bound by the governing rules of the Texas State Licensing Board and/or the ethics of their university who follows the rules of their accreditation organization. If at any time you are not comfortable, or simply do not want a student or intern to observe your counseling session you can refuse, and they will promptly exit the session or not begin the session with us.

Counseling Relationship: During the time you and I work together, we usually will meet weekly for approximately 50-minute sessions. Although our sessions may be very personal psychologically, ours is a professional relationship rather than a social one. Therefore, please do not invite me to social events, bring me gifts valued at more than \$50.00, 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 with a translator for whom you arrange and pay. I do not discriminate on the basis of race, gender, religion, national origin, disability, or sexual orientation; however, I do practice counseling based on the beliefs and teachings of the Bible. 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. 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 on any counseling technique 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.

Appointments, Cancellation, and Crisis: Our in-person and/or phone contact will be limited to counseling sessions you arrange with me by appointment. In the event that you are unable to keep an appointment, please notify me at least 48 hours in advance, whenever possible. Likewise, if you intend to discontinue counseling, please inform me via email, voice mail, face-to-face or phone.

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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 and Informed Consent*. I also may present programs at professional conferences and/or publish in professional publications on the topic of counseling. In this case, I may refer to my experiences as a counselor. If I make reference to my counseling with you, I will do so in a way that disguises your identity. If I cannot make such a reference without revealing your identity, I will ask you to sign a waiver. If you do not agree to sign, I will not make identifiable reference to you. You are not required to waive your right to confidentiality at any time.

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 IMMEDIATEDLY advise me in the event of any change:

Name		Cell	Telephone Number
Street Address	E-Mail Address	Other	Telephone
Records: Files are closed once the counseling relation after the file is closed. Records for minor clients are Conditions of Ongoing Counseling: If you have been the you are required you to sign a release of inform records from the professional(s) from whom you rewith you are in counseling with me at Holman professional relationship with another mental health release that enables me to communicate with the oten establish a professional relationship with another mental health release that counseling with another mental health release that enables me to communicate with the oten establish a professional relationship with another mental health release that counselors and Holman Farence with the counselors are with the counselors and the counselors and the counselors are with the counsel	destroyed seven years after the clieseen in counseling or psychotherapy rmation so I may communicate whereighted mental health services, if I a Family Services, you agree not a professional unless you first disher mental health professional(s).	nt turns 1 during the and/or deem it is to main cuss it was advice,	8 years of age. e past seven years receive copies of important to do so tain or establish a rith me and sign a cide to maintain of may consider this
Divorced Families: If the client is a minor and the			
Texas we are required to keep a copy of the divorce	decree on file. Please bring a copy	for us to	keep.
Foster/Adopt Families: please bring a copy of your	r placement paperwork with you to	your first	visit.
Cost of Counseling: Family Counseling, Marria Assessments Sessions are \$200 each. Individual Scholarships are available upon request and availal charge \$150 per hour, and \$25 travel fee each way travel each way per therapist. Appointments cancell will incur a failure to cancel fee of \$45. You may charge	Counseling and Child Therapy bility. If we are subpoenaed for exper therapist present. Depositions ed within 48hrs will not be billed.	are each pert testi are \$450 Appointm	h \$120 per hour mony in court, we per hour, and \$25 nents not cancelled
Texas State Board of Examiners of Professional C An individual who wishes to file a complaint against LPC-Intern may write to: Complaints Management and Investigative Section F 5540 to request the appropriate form or obtain more	any: LPC-S, LPC, LCSW, LMSW, P.O. Box 141369 Austin, Texas 787		
In the event that I believe you are in danger, physical consent for me to warn the person in danger and you enforcement personnel.			
Client Signature	Date		
2 nd Client Signature	Date		
Parent/Legal Guardian	Date		
(If client is a minor under age 18)			

Date_

Counselor