

**HOLMAN FAMILY SERVICES; LLC**  
**PROFESSIONAL DISCLOSURE STATEMENT**

**Qualifications of Kelsi Jackson, M.S., LPC-Intern Supervised by Aisha D. Holman; LPC-S**

I am a Licensed Professional Counselor-Intern with Holman Family Services. My license number is 79735. My formal education has prepared me to counsel individuals, adolescents, adults, groups, parents, couples, and families.

**Experience:** I am a Licensed Professional Counselor-Intern. I am a graduate of University of North Texas at Dallas with a Master's in Clinical Mental Health Counseling.

**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 related goals.

**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 text, email, voice mail, face-to-face or phone.

**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.

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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**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 you are required you to sign a release of information 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. While you are in counseling with me at Holman Family Services, 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 Holman Family Services reserves the right to terminate your counseling.

**Divorced Families:** If the client is a minor and the parents/custodial guardians are divorced, per Law by the state of 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 placement paperwork with you to your first visit.

**Cost of Counseling:** Family Counseling, Marriage and Couples Counseling are \$150 per hour, All Intake Assessments Sessions are \$200 each. Individual Counseling and Child Therapy are each \$120 per hour. Scholarships are available upon request and availability. If we are subpoenaed for expert testimony in court we charge \$150 per hour, and \$25 travel fee each way per therapist present. Depositions are \$450 per hour, and \$25 travel each way per therapist. Appointments cancelled within 48hrs will not be billed. Appointments not cancelled will incur a failure to cancel fee of \$45. You may change or cancel an appointment by phone, or text to **972-375-1200**.

**Texas State Board of Examiners of Professional Counselors Complaint Process:**

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540 to request the appropriate form or obtain more information.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If client is a minor under age 18)

Counselor \_\_\_\_\_ Date \_\_\_\_\_