

Professional Disclosure Statement



WELCOME TO LOGOS SERVICES, LLC. We are pleased that you have chosen this practice to receive counseling services. We are committed to providing the highest quality of care to you and your family. Please take a few minutes to read about practice policies. If you have any questions about this document, please feel free to discuss them with your therapist.

PRACTICE POLICIES:

Fees:

Self-pay fees are determined on a sliding scale, according to the client's household annual income. We accept cash, check, cashiers check, and most major credit cards. If you would like us to bill your credit card at the end of each month for all sessions used for that month, please fill out our "Pre-Authorized Healthcare Form." In the event that you will not be able to keep an appointment, please call at least 24 hours in advance or you will be assessed a cancellation fee of 50% of the session fee. All fees are due upon receipt of service. **Initial here:** _____

Insurance:

We do accept insurance; however, it is your responsibility for obtaining prior authorization for treatment from your insurance carrier. You are responsible for co-payment amounts and deductibles as set in your benefit plan. Your EAP and/or insurance carrier is not responsible for "No Show" or "Late Cancellation" charges. You will be directly responsible for these charges. All co-pays and fees are due upon receipt of service. **Initial here:** _____

Emergencies:

Logos Services, LLC, maintains a 24-hour voicemail system to be used after hours. After hours calls and messages will only be returned in case of an emergency. For immediate assistance please dial 911 and/or visit your nearest hospital emergency room. **Initial here:** _____

Records and Confidentiality:

Any or all of our communication may become part of the clinical record. Although I will keep anything you say to me strictly confidential, there are legal exceptions as follows:

- 1) You authorize a release of information with a signature
- 2) I determine that you present a danger to yourself and/or others
- 3) I am ordered by a court to disclose the information
- 4) You disclose sexual contact with another health professional
- 5) You disclose to me knowledge or founded suspicion of ongoing child or elder abuse

Also, please remember that in any suit for money damage for mental distress or for conservatorship of children, whatever is disclosed in a therapeutic session could be revealed in the context of the lawsuit, and the counselor cannot be subpoenaed into court to testify. **Initial here:** _____

If participating in couples counseling, do not disclose anything to me that you do not want revealed to your partner, as this puts me in a compromising position. **Initial here:** _____

RELEASE OF INFORMATION

I authorize release of information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation and professional communication. I further authorize the release of information for claims, certification, case management, quality improvement, benefit administration and other purposes related to my health plan. **Initial here:** _____

REFERRALS

If at any time, for any reason, you are dissatisfied with my services, please let me know. Should you and/or I believe that a referral is needed, I will provide some possible referral sources that may be better able to help you meet your needs. **Initial here:** _____

NATURE OF COUNSELING:

Jason "Todd" Baker is a Master's level clinician who graduated in 1997 from Dallas Baptist University. He is a Licensed Professional Counselor with the State of Texas.

I utilize a unique therapeutic approach called Solution-Focused Brief Therapy. This approach helps clients change by constructing solutions rather than dwelling on problems. Elements of the desired solution often are already present in your life, and become the basis for ongoing change. As a Therapist, I intervene only to the extent necessary to help you begin the process of change.

Jenifer K. Cooks is a Master's level clinician who graduated in 1999 from Northwestern Oklahoma State University in Alva, Oklahoma. She is a Licensed Professional Counselor in the State of Texas and the State of Oklahoma.

I utilize a therapeutic approach called Cognitive Behavior Therapy. While some tend to focus on the problem, I like to address what the problem is and take steps to look at positive solutions. My role in therapy is to support and guide you in the direction you wish to go and to assist in utilizing the skills you already possess.

Tiffani A. Mason is a Master's level clinician who graduated in 2007 from Southwestern Baptist Theological Seminary. She is a Licensed Professional Counselor with the State of Texas.

I utilize a therapeutic approach called Cognitive-Behavioral Therapy. This approach takes steps to look at positive solutions to the problem. I also utilize a special technique called Play Therapy. Play Therapy is used for children ages 3-10 as a way of allowing the child to communicate in a way that is familiar to them. As a Therapist, I intervene only to the extent necessary to help you begin the process of change.

By your signature below, you are indicating that you have read and understood this statement, and/or any questions you have about this statement have been answered to your satisfaction.

Client Signature _____ Date _____

Therapist's Signature _____ Date _____