# Consent to Treatment Professional Disclosure Statement And Consent for Mental Health Counseling and Life Coaching Services Kayla N Drennen, M.S., NCC, CCMHC

### Disclosure Statement:

This statement includes your rights and responsibilities. In order to create an effective therapeutic relationship you, as my client, must take full responsibility for your part and take it seriously. You can rely on me to do the same. I provide services to populations 10 and older. This document falls in line with the Standards of Practice of the Tennessee Board of Licensed Professional Counselors (LPC). This is stated in Section 90-343 of the LCP Act. This statement will inform you of the following: my professional credentials, services and fees, therapeutic style, your rights and responsibilities, confidentiality and its limitations, complaint process, insurance and diagnosis, and a description of my services. Together we will go over this document. Please feel free to ask any questions or concerns about this document or our relationship. IF, at any time, you wish to revoke this agreement you may do so in writing. By signing this form, you agree to its contents and to enter into a therapeutic relationship with myself.

### **Client's Rights and Responsibilities**

- You have the right to choose a therapist based on your needs and therapeutic goals
- You have the right to terminate therapy at any time. It is your responsibility to
   communicate with your therapist if you intend to terminate and to do so in writing.
- You have the right to ask questions about treatment at any time and to make suggestions to your therapeutic journey.

- Your therapeutic treatment is a full collaboration between you and your therapist. It is
  your responsibility to communicate fully in order to foster an effective therapeutic
  relationship.
- You have the right to access your files

### **Education & Training**

- M.S. Clinical Mental Health Counseling, North Carolina A&T- 2016
- B.A. Psychology, Warren Wilson College- 2013

### **Therapeutic Process and Assessment**

I collaborate with several different styles and philosophies into therapy. Depending on the client's needs, I will use different methods and approaches. I believe in a holistic approach that assesses the mind, body, and spirituality of the individual and how these facets are incorporated into their everyday life. The process of therapy is primarily based on your goals as a client. Your journey is facilitated through combined efforts of you and myself. You understand that your effort and willingness are essential to your growth inside and outside of therapy sessions.

### **Fees and Services**

I will hold 50 minute sessions at \$ 65. Payment is due at the beginning of each session. Payment can be made in the form of cash, credit, or check. Fees are non-negotiable. If you do not pay your debt I reserve the right to contact an attorney to secure payment. If you cannot attend your appointment you *must* notify my secretary **24** hours in advance, or you will be charged for the session. I do not accept bartering as form of payment.

# \*Checks should be made out to "Kayla Drennen"

# **Sliding Scale**

In order to receive a sliding scale fee, you must provide verification of employment or tax information.

# **Confidentiality and Limitations**

I ensure that all personal information will be kept private with few limitations:

# **Limitations to confidentiality**:

- If you pose a risk to yourself or others
- If you possess information about ongoing abuse or information regarding harm to others
- I may consult with a colleague/therapist in order to provide the best possible service.
   Identifying information such as your name will remain confidential.
- If I am presented with a court order, I will be required to submit personal information. I
  would consult with an attorney to insure I only provide the minimum information
  required by law.
- If my safety is in danger
- If you submit a complaint

# Risks/Benefits of Therapy and Life Coaching

Although I firmly believe you will benefit and grow from therapy, you should understand that there is no guarantee. You may experience difficult emotions that can be hard to understand and cope with. We will discuss and process these emotions during our sessions.

There are also the risks of confidentiality, which are discussed above.

# **Termination of Treatment**

As stated above in Client's Rights, you have the right to end treatment at any time. We can discuss this together and have a closing session. If you choose to end therapy without consulting me, please do so in the form of writing so that I will have documentation.

Ι	have rea	ad the statements above and
understand that by signing this document I agree to adhere to its contents. I consent to therapy		
with Kayla Drennen, M.S. I have read and und	erstand my righ	nts as a client.
Client signature	Date	
Guardian signature	Date	
 Therapist signature	 Date	