

Cheryl Rogers

The Julianna Poor Memorial Counseling Center
Houston's First Baptist Church
7401 Katy Freeway, Suite 600
Houston, Texas 77024
(713) 335-6462

Professional Disclosure Statement

Qualifications: I have a Master of Science degree in Marriage and Family Therapy from Texas Woman's University. I also received a Bachelor of Arts degree in Interpersonal Communications from Stephen F. Austin State University. My education and my life experiences have equipped me to counsel with individuals, couples, families and groups.

Areas of Competence: My areas of competence include individual counseling, marriage/family counseling and groups. My experience has given me the opportunity to work extensively with issues such as depression, anxiety, trauma and relationship concerns. I am a Certified EMDR therapist (Eye Movement, Desensitization and Reprocessing). EMDR is a powerful psychotherapy approach to relieve many types of psychological distress including PTSD. This approach to trauma related distress is endorsed by the American Psychological Association and the American Psychiatric Association

Nature of Counseling: I approach counseling from a Biblical perspective, using Cognitive Behavioral Therapy, EMDR, and Spiritual Direction in the therapy process. I will work with you to determine which methods or techniques would be most affective for the counseling process including homework, prayer, and/or group therapy. I believe that clients have the capacity to resolve their own decisions; however, from time to time, all of us need assistance and direction. Marriage/family counseling is all about relationships, interactions between you and your significant others. I will work with you to resolve current concerns and issues. I believe that God desires for us to live through His power in restoring relationships.

Informed Consent

Fees: Counseling Services will be provided to members of Houston's First Baptist Church and students of First Baptist Academy at the reduced rate of \$50 per session. For non-members, services will be provided for a fee of \$100 per session. If the fee represents a hardship to you, please let me know, as full and partial fee adjustments are available. The fee for each session will be due at, and must be paid by, the conclusion of each session. Money orders or personal checks made out to "HFBC" are acceptable for payment. We also accept cash and credit cards. The Julianna Poor Memorial Counseling Center of HFBC does not file for reimbursement from health insurance companies. A separate fee will be charged for tests, reports, or expert testimony.

Cancellation: As the demand for appointments often exceeds the availability, please notify the Counseling Center receptionist or staff at (713) 335-6462 as soon as possible if you discover that you will not be able to keep an appointment. A late cancellation fee will be charged if less than 24 hours notice is given. Exceptions will be given for emergencies. It is my intention to render services in a professional manner consistent with accepted standards of practice. Our sessions will be 45 minutes in duration for individual counseling and (1 1/2) hours in duration for group counseling.

Counseling Relationship: During the time that we work together, we will meet at a mutually agreed upon frequency for approximately 45 minute sessions. Although our sessions take place in a church setting, and we may go to church together, it is important to remember that our relationship is professional and not social. Our contact will be limited to counseling sessions that you arrange through the counseling center. The policy of the counseling center and professional counselor ethics prohibit the receipt of gifts valued more than \$50 by counselors from clients.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and 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. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights and Responsibilities: Some clients need only a few counseling sessions to achieve their goals; 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, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful. You agree to come to counseling free from the influences of drugs including alcohol. I also have the right to terminate our counseling relationship if I believe it is in your best interest.

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may refer your complaints to Adam Mason, Minister of Counseling Services at (713) 335-6460; the Counseling Center oversight committee (names and phone numbers will be made available upon request); or the Texas Board of Examiners of Professional Counselors at (512) 834-6658.

Referrals: Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Records and Confidentiality: All of our communication becomes part of the clinical record. Records are the property of the Counseling Center. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist: a) I determine that you are a danger to yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional or clergy; d) I am ordered by the court to disclose information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information. If I see you in public, including in the church, I will protect your confidentiality by acknowledging you only if you approach me first. Office clerical personnel will only have enough information to schedule appointments, contact you, and facilitate collection of fees.

In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to therapeutic progress.

Emergency Contact: The limited resources of the Counseling Center prevent us from providing crisis intervention or intensive counseling. If you have a crisis after office hours, please either contact your physician; call the crisis hotline at (713) 228-1505; or go to the nearest hospital emergency room. If a hospitalization occurs, please contact this office as soon as possible to coordinate your care. You may leave a message for the HFBC on call minister at (713) 957-6760. Please note: the on call minister keeps track of hospitalizations only. He is a minister, not a trained counselor.

Acknowledgment and Consent: By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client's Signature

Counselor's Signature

Date

Date