

**Alane Atchley**

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

**Qualifications:** I am a Licensed Marriage and Family Therapist Associate (LMFT-A) in the state of Texas. I hold a Master of Science degree in Marriage and Family Therapy, as well as, a Bachelor of Science degree in Community, Family and Addiction Services both from Texas Tech University in Lubbock, Texas.

**Experience:** I have experience conducting individual, couple and family therapy. I have led both play and process groups with children of all ages. Other related experience includes working as a crime victim advocate for sexual assault victims, working in a church nursery and instructing premarital workshops.

**Nature of Counseling:** I approach counseling from a Christian perspective and a family systems approach, utilizing techniques from various systemic approaches including Solution-Focused Brief Therapy, Experiential Therapy, Narrative Therapy and Family Based Cognitive Behavioral Therapy. I work together with clients to develop a therapeutic plan that will achieve the client's goals. I assist clients in accessing personal and family resources and help guide them towards their set goals. I will also use exercises in the therapy room, as well as, assign family and/or individual homework that supplements therapy. Goals should be consistent with Christian values.

**Informed Consent**

**Supervision:** Since I am a Licensed Marriage and Family Therapist-Associate, I am under the supervision and there will be times when I discuss our session material with my supervisor. In the future, there will be times when my supervision requires me to audio or video record our sessions. If this occurs, you will be notified beforehand. If you have any questions or concerns, you may contact my supervisor Mary Ring, MAMFC, LPC-S, RPT-S at 713-335-6466. If you have any questions regarding this supervision information, please feel free to ask. Please sign and date this from if you agree to the terms stated herein.

**Counseling Relationship:** During the time we work together, we will meet at a mutually agreed upon frequency for approximately 45 minute sessions. Although our sessions take place at 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. At no time is it appropriate to attempt to contact me through any means of social media (Facebook, twitter, etc.). The policy of the counseling center and marriage and family therapist ethics prohibit the receipt of gifts valued at 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 effect significant relationships, your job, and/ or your understanding of yourself. Some of these changes could be temporarily stressing. 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 needs 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 out 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 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 Mary Ring, MAMFC, LPC-S, RPT-S at 713-335-6466; the Counseling Center oversight committee (names and phone numbers will be made available upon request), or the Texas Board of Examiners of Marriage and Family Therapists at 512- 834-6657.

**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 alternative to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

**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 scholarships 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 of "HFBC" are acceptable for payment. We also accept cash and credit cards. The Counseling Ministry of HFBC does not file for reimbursement from health insurance companies .A separate fee will be charged for tests, reports, or expert testimony.

**Record of Confidentiality:** All of our communication becomes a part of the clinical record. Records are the property of the Counseling Ministry. 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 18<sup>th</sup> birthday. Most of our communication is confidential but following limitations and expectations do exists: 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 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.

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 determined to therapeutic progress.

**Emergency Contact:** The limited resources of the Counseling Ministry prevent us from providing intervention or intensive counseling. If you have a crisis after office hours, please contact your physician; call the crisis hotline at 713-228-1505; or go to the nearest emergency room. If a hospitalization occurs, please contact this office as soon as possible to coordinate your care. The HFBC on call minister can be reached by pager at 713-949-3137. Please note: the on call minister keeps track of hospitalizations only. He is minister, not a trained counselor.

**Acknowledgement 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