

## **TEXAS COUNSELING CENTER**

Steven L. Lackey, Ph.D., LPC-S, LCDC, CAMF

### **PROFESSIONAL DISCLOSURE STATEMENT**

*The first four pages of this document are yours to keep*

*If you would like a copy of the signature page, I will provide one for you.*

This document is designed to provide information concerning my competency, philosophy, chosen techniques, and to ensure you understand the professional counselor/client relationship.

### **FORMAL PROFESSIONAL EDUCATION AND LICENSURE**

My name is Steven L. Lackey and I am licensed by the State of Texas as a Licensed Professional Counselor and Supervisor (LPC-S), a Licensed Chemical Dependency Counselor (LCDC), and am a Certified Anger Management Facilitator (CAMF). I have a Doctor of Philosophy (Ph.D.) in Counseling Education from Sam Houston State University, a Master of Education degree in Counseling and Development from Lamar University, and a Bachelor of Science from Baylor University.

### **AREAS OF COMPETENCE**

As an LPC-S, LCDC, CAMF, and Ph.D., my areas of competence include individual counseling, group counseling, couple, marital, and family counseling, and chemical dependency counseling, and anger management facilitation. I am not able to prescribe medications to clients.

I believe that clients have the ability to choose how to resolve their own problems, can make their own decisions with my assistance as a facilitator, and are responsible for their own behaviors, thoughts, and feelings. As a counselor, I encourage my clients to develop greater self-awareness and mental health through their life experiences, building increased confidence and self-esteem.

Some clients need only a few counseling sessions to achieve these goals, while others may require more counseling. As a client, you maintain control of yourself and you may end our counseling relationship at any point, and I will be supportive of that position. If you are dissatisfied with my work, I will help you find another counselor with whom you might be able to work effectively.

### **TECHNIQUES**

Because I believe that a client's self-awareness and choices are key to developing self-direction and independence, my techniques will be drawn from the Adlerian Model, Cognitive-Behavioral Model, Gottman Model Couple Therapy, EMDR, Family Systems Therapy, Integrated Behavioral Couple Therapy, and other therapy disciplines as needed. These techniques will provide methods to solve problems utilizing the client's own strengths and experiential learning to meet their needs. Even when meeting with an individual, I attempt to incorporate the entire family, when appropriate and possible. Occasionally other approaches will be used such as role-playing, work to be done at home, and guided imagery when deemed appropriate for the client(s).

## **PROFESSIONAL RELATIONSHIP**

While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. Understand that I will not attend your social gatherings, accept gifts from you, or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. While you might learn much about me as we work together, it is important for you to remember that you are experiencing my professional role.

## **CONFIDENTIALITY**

Information you share with me may be entered into records in written form. Additionally, I will keep confidential the things you tell me, with the following exceptions: (a) thorough written consent you direct me to share information with someone else; (b) if you are a danger to yourself or others (TX Health and Safety Code); (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person (TX Family Code); (e) you disclose that a previous therapist sexually exploited you (LPC, LMFT Rules); or, (f) other reasons as specified in laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. My responsibility to you is to maintain all identifiable information about you in confidence and to not release it to any person or facility without your written permission except in the instances noted above.

## **INDIVIDUAL, COUPLE, AND FAMILY CONFIDENTIALITY**

When working with individuals, the individual holds the right to confidentiality. When working with couples, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release information about either member of the couple without the consent of both. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple.

## **EMERGENCY PHONE CALLS**

I shall always try to return your call within 24 hours if not sooner. I am not an emergency mental health service, so if you need to talk with me immediately and cannot reach me, call 911 or go to your nearest hospital emergency room.

## **TEXT MESSAGE AND EMAIL DISCLAIMER**

Any text messages/email sent to you will be for informational purposes only. No private protected health information should be included in your emails and they will not be replied to via email. If you do not want your information viewed by anyone else, you must make sure that no one else can access your text messages/email. I cannot be responsible for who views your messages once I have submitted correspondence to the private mobile#/address you provided. By

providing your private and secure mobile#/email address, you are giving me consent to text/email you at any time. *I recommend you do not use your work mobile#/email address because your employer may be able to view your texts/emails.*

### **TERMINATION AND FOLLOWUP**

You are free to work on a specific problem, not return for a period of time, and then resume therapy later. On the rare occasion that you have achieved your treatment goals but want to continue to see me anyway, I may make the decision to terminate your treatment based on my ethical obligation not to prolong therapy when it is no longer necessary. I will not become your friend, client, customer, supervisor, teacher, or have any relationship with you after termination. I may also terminate with you if I cannot provide therapy that fits your specialized treatment needs, if you do not comply with the mutually developed treatment goals and procedures, if you are not benefitting from therapy, if you do not pay your bill, if you become violent, abusive, or litigious, or if the therapy relationship is compromised in any way due to unforeseen circumstances. Any non-voluntary termination will be accompanied by an appropriate referral.

### **RECORDS**

A file is maintained containing information, session notes, reports from other professionals, any correspondence or materials you send to me, copies of correspondence you authorize me in writing to send to others, and forms you complete. On occasion, we may review the case folder as part of your therapy. It is meant to be a working document to both reflect and guide your therapeutic work and is stored in a locked file or protected electronic medium. After two years of inactivity, it is moved to a remote storage and held for seven years after the last entry.

### **FEE POLICIES**

Forty-five (45) minutes constitutes a therapy hour for which I charge \$125.00 for the first session and \$100.00 for each additional session for individual. A sixty (60) minute session is billed at \$125.00. Couple, family, or marital therapy and \$150.00 for the first session and \$125.00 for each additional session. If working “in network,” the fee is reduced based on my contract with your insurance company. In this case, the insurance company will pay part of cost of your therapy per session and you will pay the remainder (co-pay) which will be collected at the time of service. Occasionally, you may need some extra time to complete the session, in which case either you or I may request this, preferably prior to the scheduled session. Additional charges are based on ¼ hour increments at \$35 for each 15 minutes. If, with your permission, I contact other people on your behalf such as family members or other health care professionals and consult with them in person, electronic media, or by telephone, then the above fees apply. You will be charged for these contacts at my discretion and most often when the contact is lengthy.

### **INSURANCE**

I do accept some insurance assignments. Please check with me to see if I am a provider of your plan. If not, I will provide a receipt so you may file a claim for out of network benefits.

### **PAYMENT AND COLLECTION POLICIES**

A statement of fees will be provided you at the appointment conclusion or mailed to you as they occur. Please do not ignore these statements as any unpaid fees may be referred for collection after 45 days. If a collection agency is necessary, a charge of \$45.00 will be added to your account. There is a \$45 charge for all returned checks.

### **CANCELLATIONS AND “NO-SHOWS”**

If you need to re-schedule an appointment, please contact the office at 409-883-5300 or 409-883-9940 as soon as you become aware of the situation. Not doing so takes away the opportunity to give that appointment to another client.

Your insurance company will not pay for missed appointments, and my livelihood is affected by your absence. (Emergency situations will be taken into account.) Please make note that by signing this professional disclosure statement, you understand and agree to the following policy:

- 1) Appointments **cancelled MORE THAN 24 HOURS prior to the session time will not be charged to your account.**
- 2) Appointments **cancelled with less than a 24 hour notice will be charged \$50, or charged the insurance reimbursable rate, whichever is higher, per session hour scheduled.**
- 3) **No-shows will be charged a minimum of \$50 for the first missed appointment and the full \$100.00 session fee thereafter.**
- 4) **More than one “no-show,”** or missed appointment without contact or a valid reason is evidence you have elected to terminate therapy and may result in therapy termination or referral.
- 5) Appointment reminder calls are only made when time allows. **DO NOT** rely on this courtesy to keep from missing appointments. You are responsible for your attendance.

### **ADDITIONAL FEES**

Other services and provisions are as follows:

- 1) **Court appearance fee is \$500 for each 4 hour time segment paid in advance.** Travel time will be reimbursed at the same rate. Example: Travel time to Houston is 2 hours each way. If the time waiting for and appearing in court is 4 hours, the charge is \$1000.00. All incurred travel expenses are in addition to professional fees and are the responsibility of the client.
- 2) Therapy Summaries are by signed request and available for \$100. Additional documents or assessments will be made available by special arrangement.
- 3) I do not recommend releasing actual case notes for any reason and strongly recommend the use of a Therapy Summary instead. The cost for release and transmission of actual Therapy Notes is \$100 plus \$2.00 per page, paid in advance by cash or money order.

### **OTHER**

It is my intention to render my services in a professional manner consistent with accepted standards of practice. Usually our sessions will be 45 or 60 minutes in duration for individual, couple, marital or family counseling, and 90 minutes in duration for group counseling, unless

otherwise arranged. It is impossible for *any* counselor to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

### CLIENT RIGHTS

You have the right to be treated by me in a competent, ethical, and respectful manner.  
You have the right to a personal, individualized assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.  
You have the right to referrals to other competent professions and services when this is indicated by your treatment needs.  
You have the right to ask questions about the approach and methods we use and to decline the use of certain therapeutic techniques.  
You have the right to confidential treatment except in the circumstances already described. This means that you determine the amount of information to be released to anyone outside this setting by signing a permission form that is specific to each situation that determines the length of time in which the information may be released, and that may be canceled by you at any time.  
You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are a danger to yourself or to someone else.  
You have the right to resume service following termination with my expressed agreement.  
You have the right to discuss your treatment, concerns, questions, complaints, or any other matter with me.

### Consent

I hereby state that I have read or had read to me and understand the elements of the Professional Disclosure Statement. I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Texas Counseling Center, Steven L. Lackey, Ph.D., LPC-S, LCDC, CAMF.

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Steven L. Lackey, Ph.D.  
LPC-S, # 67594, LCDC # 11455

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Client's or Responsible party signature

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Date

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Date

Please include the name and phone number of any and all persons you wish for me to contact in case of an emergency or crisis.

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Name

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Phone no.