



### **Professional Disclosure Statement For**

Patty Mohler, MS, LMHC  
Patty Mohler Counseling  
408 4<sup>th</sup> St. N Jacksonville Beach, Fl. 32250  
Office 904-699-TALK (8255) Fax 904-249-4648

I am pleased you have selected me as your counselor. Regardless of our backgrounds and experiences, we are all equipped and capable of coping with life challenges and defining our own happiness. This belief, along with a strong and dedicated passion for what I do, is to assist you in designing and creating the life you have always hoped. My approach to counseling is holistically oriented-which means I view health in terms of mind, body, and spirit. Before becoming a counselor, I enjoyed a 20-year health and fitness, nutrition, and business career. These varied experiences have enriched and informed my approach to counseling and my use of such techniques as art, journaling, and nutrition. As my client, you can anticipate learning new skills to help you take charge of your life!

This document will inform you about my background and ensure you understand counseling and your rights and responsibilities. I received a master's degree in counseling from the University of North Florida (CACREP accredited) in December 2012. You will find my nature to be very positive, uplifting, energetic, and supportive. I have a passion for my gift of helping others as they discover a path to a better life.

### **Board of License/Affiliations**

Registered Mental Health Counseling Intern

The American Counseling Association, the Florida Counseling Association, National Eating Disorders Association, President of Chi Sigma Iota International Honor Society, Psych K facilitator, American Mental Health Counseling Association, and Smart Recovery

### **Counseling Services Offered/Theoretical Approaches**

Counseling is a process by which we work together to identify and address any issues you bring to our sessions. My counseling approach involves helping you identify strengths within yourself and develop self-awareness. Carl Rogers, the founder of Person-Centered therapy, heavily influenced my therapeutic approach. Rogers' approach is the cornerstone of Humanism, a major school of psychotherapy. Like all Humanists, Rogers believed all people are inherently good and capable of developing a stronger and healthier sense of self (self-actualization). The Cognitive-Behavioral school of psychotherapy also heavily influences my work as a counselor.

This approach emphasizes the importance of challenging and changing maladaptive thinking to bring about changes in affect and behavior. I will gladly provide additional references if you want to learn more about either or both approaches. The counseling theory or model we use must be acceptable to you. Please discuss your concerns with me if you have any reservations regarding these approaches or any specific intervention used in your therapy.

## **What to expect from the counseling process**

You, the client, are the expert on your life and how you want to live it. One of the important steps in our therapeutic relationship is establishing your goals for counseling. Along with your goals, the counseling plan will include the methods for achieving your goals, risks, benefits of treatments, approximate time commitment, costs, and other aspects of your situation. Periodically, we will evaluate your progress and, if necessary, modify your treatment plan, goals, and methods. Counseling includes your active involvement and efforts to understand your thoughts and feelings better and modify unwanted behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures. Sometimes, a change will be easy and swift, but more often, it will be slow and deliberate; efforts may need to be repeated.

## **My Counseling Expertise**

I will enter our relationship with optimism and an eagerness to work with you. I am interested in working with adults, adolescents, and families. I bring experience, compassion, and knowledge to your counseling session. This allows me to offer many areas of experience, including relationship issues, domestic abuse, pre-marital counseling, impulse control, personality disorders, loss or grief work, depression and anxiety, trauma, eating disorders, sports counseling, and PTSD. During our sessions, I will use CBT (cognitive behavioral therapy) and DBT (dialectical behavior therapy). I participate in regular clinical supervision to ensure the best practice techniques. Any cases reviewed under such supervision are kept confidential by changing names and other identifying information.

## **Confidentiality**

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will disclose to no one details of our communications. The privacy and confidentiality of our conversations and my records are your privilege and are protected by state law and my profession's ethical principles in all but a few circumstances. There are two circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) when I believe you intend to harm yourself or another person, and (2) when I believe a child, vulnerable adult, or elderly person has been or will be harmed, abused or neglected. In rare circumstances, a judge may mandate professional counselors to provide information in a court of law, and I must comply with this requirement. However, even in such instances, I will disclose only pertinent information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and usually a signed Release of Information Form.

## **Explanation of Dual Relationships**

Our relationship will be professional, not personal. Contact will be limited to only counseling sessions. You will be best served while I see you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. If we end up in the same public setting, like a restaurant, I will take my cue from you and act accordingly. You are welcome to speak to me. However, I will only initiate a greeting if you do so first. This is to protect your privacy.

### **Length of Sessions**

Part of the psychotherapy experience is deciding how long and often we will meet for sessions. We will discuss session frequency and possible termination as we review your progress. You can terminate at any point but are encouraged to give notice before ending contact. I assure you that my services will be rendered professionally and consistently with accepted ethical standards. Sessions are 50 minutes in duration. We will schedule our sessions to our mutual agreement. If you cannot keep an appointment, please call the office to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you will be responsible for paying for the session that you missed. Please note that it is impossible to guarantee specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

### **Fees/Method of Payment**

In return for a fee of \$200.00 per counseling session, I agree to provide counseling services for you. Cash, personal checks, or credit cards are acceptable for payment when services are rendered. At this time, I do not accept insurance. HSA cards are accepted.

### **Contact Information**

My business number is 904-699-TALK (8255), the fax number is 904-249-4648. Don't hesitate to contact me with any questions or concerns. If you are in crisis and need immediate assistance, please dial 911 or go to the nearest Emergency Room. I thank you for this opportunity to work with you, and I look forward to helping you obtain your desired treatment goals.

## **Complaint Procedures**

If you are dissatisfied with any aspect of our work, please inform me immediately at 904-699-TALK (8255). This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically by me or any other counselor and cannot resolve this problem with me, you can contact the American Counseling Association for clarification of clients' rights as I have explained them or even to file a complaint. Should you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you, and I will retain a copy in my confidential records.

## CONSENT FOR TREATMENT

I voluntarily give my consent for evaluation and counseling services to be provided by Patty Mohler Counseling. I understand I may withdraw myself (or the client) at any time from treatment and refuse any treatment offered. I voluntarily consent to the evaluation and counseling services provided by Patty Mohler.

**CANCELLATION POLICY: To cancel an appointment, please call 24 hours before the scheduled appointment, or you will be charged the full amount of your appointment time. Patty Mohler Counseling requires credit card information to be held on file to take care of balances and missed appointments.**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_

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