



Kathleen L. Spencer, MA, PC
DISCLOSURE AND CONSENT

I am pleased that you have selected me to be your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

I. I have been approved by the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board as a Professional Counselor, license number C0800409, November 2009. I am a member of the American Association of Christian Counselors and the American Counseling Association. My practice includes counseling adolescents, and adults in individual, family and couple settings. This includes the diagnosis and treatment of mental and emotional disorders under supervision. I hold a BA in Elementary Education from Ohio University and a MA in Guidance and Counseling from University of Dayton. My licensure courses were taken at the Methodist Theological School of Ohio. I have experience in elementary and middle school counseling, presenting parenting seminars on multiple topics, and individual and group counseling at Wellspring.

II. I accept clients into my practice who I believe have the capacity to resolve their issues with my assistance. Some clients only need a few sessions to make the changes they desire and others may require longer term therapy which could last months and in some cases years. You have the right to end treatment at any time; however, it is recommended that we discuss this decision to make sure you have considered all the options and potential results of ending treatment. If counseling is successful, you should feel better able to face life's challenges without my continued support and intervention.

III. Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Thank you for not inviting me to social gatherings, offering gifts, or asking me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling, however, you must realize that you are only experiencing me in my professional role.

IV. I will keep confidential anything you say, with the following exceptions: 1) meeting with my supervisor, Charlene Markarian, a Professional Clinical Counselor licensed by the State of Ohio, other professional staff during supervision, and group supervision, 2) if I determine you are in danger to yourself or others, 3) on the rare occasion that a court subpoenas records, 4) child or elder abuse is discovered, and 5) when you request in writing that we communicate information to someone else. If during the course of treatment you have any questions about the goals, procedures, or nature of your treatment, or about office procedures or fees, please feel free to ask. If you desire, you have the right to have Ms. Markarian present during this discussion at (614) 538-0353 or you can meet with her directly. In addition, you can contact the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board at (614) 466-0912. Charlene Markarian is required to have direct knowledge of your counseling needs through supervisory meetings. Your signature at the end of this document indicates that you are aware of these supervision provisions.

V. The first session will consist of a diagnostic interview and will last an hour to an hour and a half. The fee will be a sliding scale, not to exceed \$50.00 per hour, minus any scholarship benefits you may be eligible to receive. Our sessions will be 50 minutes in duration. The fee for each session will be due at the time of service and must be paid at the end of session. Cash or personal checks are acceptable for payment. There is a \$25 charge for any returned checks. In the event of financial hardship, alternative payment arrangements can be made as necessary. Please inform me with a 24 hour notice if you can't make your scheduled appointment. Emergencies do happen at times; however, you will be charged a 50% rate for all missed appointments that are non-emergencies without the 24 hours notice. You can reach me at (614) 636-2425, email: alwaysshopecounseling123@gmail.com

VI. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you. If you have any questions, please feel free to ask. Please sign and date both copies of this form.

Counselor's signature / date

Client's signature / date

This information is required by the board which regulates all licensed counselors:
Counselor, Social Worker, Marriage and Family Therapist Board
50 West Broad Street, Suite 1075, Columbus, Ohio 43215-5919 (614) 466-0912