

New Client Paperwork

Welcome!

Thank you for reaching out and starting this process. I look forward to meeting you after you complete the new client paperwork. This document includes important information regarding counseling, informed consent, confidentiality, and other telehealth counseling considerations.

Please complete all **highlighted** sections throughout the document where your initials and other details are requested acknowledging you reviewed and understand.

During our first session, I will ask you some questions to learn more about you, what you'd like to work on in counseling and we can begin collaborating on some goals. Also, I will check in with you to learn if you have any questions or concerns about the new client paperwork.

I look forward to working with you, see you online soon!

Kindly,
Dr. Rogers

Professional Disclosure Statement

Jordan Rogers, PhD, LPC (TX)

Nature of Counseling. Each person deserves to live an authentic, meaningful, and happy life as we all search for our purpose and make meaning from our life experiences. At times life can feel overwhelming when we are presented with challenges, uncertainties, or unexpected events that can leave us questioning our purpose, feeling stuck in the past, worried about the future, or disconnected from our personal freedom. These challenges can get in the way of us realizing our potential by creating unfulfilling and unhealthy patterns that can be hard to escape on our own.

Counseling is a place to start exploring those patterns we find ourselves in and begin developing new patterns consistent with who we are authentically. As a counselor, I aim to do the following: (1) To understand your experience and help you discover the freedom that helps you feel empowered to make a choice consistent with your goals and authentic self. (2) To provide a non-judgmental, caring, and accepting space that allows you to explore areas necessary for your growth. And (3) To co-create meaning with you as you make sense of it all and re-connect to your unique purpose.

Formal Education.

PhD in Counseling

University of North Texas
2020

MS in Counseling & Development

Texas Woman's University
2015

BA in Psychology

University of North Texas
2012

Licensed Professional Counselor (LPC) in the State of Texas, License #: 74861

Counseling Relationship. Unless you prefer otherwise, I will call you by your first name. Please call me Jordan. During the time you and I work together, we usually will meet for approximately 45-minute sessions weekly, but you and I can collaborate on a schedule that works best for you and helps you achieve your therapeutic goals. Although our sessions may be psychologically deep, our relationship is a professional relationship rather than a social one. Therefore, please do not invite me to social events, give me gifts, ask to barter, or exchange services, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling relationship. You will benefit the most if our interactions address your concerns exclusively.

Effects of Counseling. At any time, you may initiate a discussion with me regarding the possible positive or negative effects of entering or not entering, continuing, or discontinuing counseling. I expect you to benefit from counseling. However, I cannot guarantee any specific results as counseling is a personal exploration that may lead you to major changes in your life perspectives or decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel troubled, usually temporarily, by some of the things you learn about yourself or some of the changes you make. In addition, counseling can, at times, result in long lasting effects. For example, one risk of couple counseling is the possibility that the

marriage may end. Although the exact nature of changes from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you. Change can be difficult, overwhelming, and scary at times and counseling is about progress, not perfection.

Client Rights. Some clients achieve their therapeutic goals in only a few counseling sessions, whereas 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. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that may not be a fit for you. As a counselor, I aim to meet you where you are to best understand and support you. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know and we can collaborate on a plan to better meet your therapeutic needs.

Appointments, Cancellations, and Crises. Our sessions will be limited to the counseling sessions you arrange with me. If you are unable to keep an appointment, please notify me at least 24 hours in advance whenever possible. If a pattern of no-shows or cancellations occurs, we may discuss pausing counseling until a more consistent commitment is possible.

Confidentiality. Discussion between you and me, and even the fact that you are in counseling with me, are confidential. Please see the Limits to Confidentiality below for more information. There are limits to confidentiality. If I learn that you have plans to hurt yourself or someone else, learn of potential child, elder or abuse of a person with a disability, I will have to break confidentiality and report to the appropriate authorities.

Referrals. There may be circumstances where clients may benefit from referrals as their therapeutic needs are outside of the scope of my current practice. For example, someone may benefit from face-to-face counseling at a particular program based on their current concerns. In this case, I will make by best effort to provide some alternatives including programs and/or people that may be able to assist you.

I acknowledge and understand the professional disclosure statement and will communicate any questions or concerns I have during my session with my counselor.

Client's Initials.

Telehealth Therapy Client Informed Consent

I consent to receive telehealth counseling sessions from Dr. Jordan Rogers, LPC (TX) who provides counseling virtually. I acknowledge that I am here voluntarily and that I may terminate counseling at any time. I realize that there is no guarantee of improvement in my condition. I also acknowledge that counseling is a collaborative and cooperative effort between me and my counselor.

Client's Initials.

I agree to actively participate in our telehealth counseling sessions. I further acknowledge that the telehealth counseling session is only one part of the process of change. Following through with our commitment by engaging authentically and actively has a two-fold effect; increasing the opportunity for growth and healing while also decreasing the number of sessions needed to begin to feel relief from the initial concerns.

Client's Initials.

Risks & Benefits of Telehealth Counseling. Engaging in telehealth counseling presents both risks and benefits. Benefits include conveniences and comfort for the client. Risks associated with telehealth counseling may include possibility of technology failure, time zone differences, and ensuring further privacy, to name a few. Your counselor will ensure privacy of counseling through encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Additionally, your counselor will conduct sessions in a private setting. The telehealth virtual space is an encrypted point-to-point connection using HIPAA-compliant software that is secure. It is encouraged that the client also engages in the session in a location that is private in order to best maintain confidentiality and promote a freedom to explore thoughts and feelings safely and openly.

Due to the telehealth environment and limits to confidentiality, it is important to have plans ready in case of an emergency. To ensure client safety, please provide the require information below.

Physical Address for Sessions. (Please note: *If client is under 18 years of age, a parent or guardian must be present at the address provided; this doesn't mean the adult has to be present in the session*)

Address:

In Case of an Emergency. (If you feel that you are not safe or need additional therapeutic support, the client agrees for this person to be contacted.)

Name:

Relationship:

Phone Number:

In Case of an Emergency. *(If you feel that you are not safe, require additional therapeutic services, and have agreed to reach out to a hospital or crisis stabilization unit.)*

Name:

Address:

Phone:

If your counselor determines that you need additional support that telehealth counseling cannot provide, the client agrees to seek alternative counseling services that better address their needs.

Your counselor is not an emergency contact and contact outside of session should be limited to scheduling purposes or non-life-threatening mental health concerns.

Client Rights in Telehealth Counseling.

The right to be informed of the various steps and activities involved in receiving services.

The right to confidentiality under federal and state laws.

The right to humane care and protection from harm, abuse, and neglect.

The right to make an informed decision regarding whether to accept or reject treatment.

The right to contact and consult with and select practitioners at my choice and at my expense.

I understand that confidentiality of records or other information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information.

Client's Initials.

I understand that the confidentiality of my record may be breached under the following circumstances:

If I sign a waiver requesting a release of information.

If a court orders the release of my records.

If a mental status or competency should arise in a legal proceeding.

Refer to the Limits of Confidentiality for details regarding specific limits to counseling.

If counselor should become unavailable due to serious illness or death, this would only be for contacting the client to inform them.

Client's Initials.

When documents and/or testimony involve children seen by a counselor, parent who consented at intake must consent. When documents and/or testimony regards anything involving sessions with more than one person, all persons present in the sessions must consent. This form is supplemental to the initial paperwork overviewed and signed at intake.

Client's Initials.

Limits to Confidentiality

Contents of all counseling sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. **Exceptions are as follows:**

Duty to Warn and Protect (i.e., harm to yourself or another person)

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult), has abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records. The counselor can discuss the benefits and risks of this with the parent/guardian.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

I have read and understand the above client informed consent and limits of confidentiality for counseling:

Client's Signature

(Client's parent/guardian if under 18)

Date