

## PROFESSIONAL DISCLOSURE

### SAMPLE TEXT

*Always check with state requirements*

**CAVEAT:** For use in your own setting, forms must be personalized to reflect your state's relevant laws, ethical requirements for your licensing, and your own actual policies.

#### SAMPLE WORKSHEET

##### PDS (Professional Disclosure Statement)

**CAVEAT:** For use in your own setting, forms must be personalized to reflect your state's relevant laws and your own actual policies.

#### BACKGROUND

I obtained my degree in \_\_\_\_\_ from \_\_\_\_\_. Currently, I provide the following services:

State of \_\_\_\_\_, License Number \_\_\_\_\_

I am a member of \_\_\_\_\_ Association(s)

**Code of Ethics Adherence:** As a licensed counselor, I will abide by the Codes of Ethics of [association], codes of professional conduct per [state] licensing board, and all [state] mandated reporting requirements.

**Continuing Education/Supervision:** I maintain a network of mental health professionals and attend many workshops for my continued professional growth.

**PHILOSOPHY:** I believe [whatever you want to say about counseling in general, about the utilization of counseling, reasons individuals seek counseling, and about the type of counseling you provide]

**APPROACH:** It is my belief that [whatever you want to say about counseling in general, about the utilization of counseling, reasons individuals seek counseling, and about the type of counseling you provide]

From experience, I have found \_\_\_\_\_.

My approach to counseling is: \_\_\_\_\_.

#### **ASSIGNMENT:**

**Work on your PDS**

**Use the above form to guide you in creating your Professional Disclosure Statement**

## **SAMPLE PROFESSIONAL DISCLOSURE STATEMENT**

***CAVEAT: For use in your own setting, forms must be personalized to reflect your state's relevant laws and your own actual policies.***

### **Philosophy and Approach**

I work with both individuals and families, and have experience working with minors as well as adults. My belief is that an individual will seek assistance when their usual coping mechanisms have become ineffective and they are interested in exploring other avenues and increasing their own resources. I believe that each individual will bring with them very unique perspectives and experience, thus I do not offer a generic statement regarding types of support offered. Commonly, concerns relating to relationships, employment, addiction and/or addiction recovery, death and loss, sexuality, and ways in which to integrate the past experience with the present circumstances to create a rich understanding with insights that can assist in future decision making, are brought for examination and in that undertaking, deeper associated concerns may, but do not necessarily always, arise. The adage that "the best predictor of future behavior is past behavior", and the belief that the past behavior is no longer yielding satisfying results, is often the cornerstone for new growth and development. The client will be considered a collaborator and the treatment will be mutually agreed upon.

### **Expectations**

Certain expectations exist within the counseling relationship parameters, and these include the assumption that a willingness to work during and between sessions, on goals and objectives, communication and negotiation is upheld by both the client or clients, and myself.

I request 24 hours notice before missing a session, whenever at all possible, since the time I schedule for you is a commitment I make to you, and I would of course, call you in the event that I have an incident that prevents me from meeting you. If you miss 2 sessions consecutively I will send a reminder note to the address given at the time of intake. If I do not hear from you, the file will be closed and I will assume that you are no longer interested in pursuing counseling at this time.

I may suggest that you consult with a medical healthcare provider regarding ruling out any possible physiological causes for any distressing symptoms. If another healthcare provider is working with you, I may ask you to sign a release of information form so that I may communicate with that person about your care. Sometimes I also recommend a support or counseling group as an adjunct to our individual work. Of course, you have the right to carefully consider and to say "yes," "no," or "not now" to anything I suggest.

Counseling requires your very active involvement. It requires your best efforts to explore your awareness, and change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active participant in counseling.

**Formal Education and Training**

I have worked in human service agencies in [state] for the past \_\_\_ years and qualified with my Masters in Applied Psychology in \_\_\_\_\_, from \_\_\_\_\_ University. I have extensive experience in case management, alcohol and drug concerns and family and individual work, including trauma focused treatment modalities. I am a National Certified Counselor.

**Code of Ethics Adherence**

As a professional mental health practitioner I will abide by the Codes of Ethics of National Board of Certified Counselors and all State mandated reporting requirements.

**Continuing Education/Supervision**

As a Licensed Counselor, I am required to attend trainings and seminars on subjects relevant to my profession on an ongoing basis. I consult with colleagues on a regular basis and as needed.

**Professional Disclosure Statement Sample**

**What would you change? Delete? Add?**

**What sample text in the above consent do you strongly agree with?**

**Why?**

**What sample text do you strongly disagree with? Why?**