



PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: Rozette Pegues is a Licensed Professional Counselor licensed within the state of Texas. I received both my Bachelor's degree in Psychology and my Master's degree in Counseling from The University of North Texas in Denton, TX. While in my Master's program, I gained experience providing Play Therapy with children in a preschool setting as well as a clinical setting. I also have experience working with adult clients both individually and in groups in both inpatient and outpatient settings.

Conditions of Counseling

Nature of Counseling: My approach to the counseling process is person-centered in nature. This means that I believe you are an individual unlike anyone else and that you are capable of recognizing what is necessary for your own personal growth. My role in that process is to help guide you as you navigate through your life and discover those things that bring you closer to your full potential. My goal is to provide an open and safe environment where you can feel empowered to make the decisions necessary for your life.

Effects of Counseling: At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling. However, I cannot guarantee any specific results. Counseling is a personal exploration that may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel troubled, usually only 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. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

Some clients achieve their 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. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

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.

Appointments, Cancellation, and Crises: In the event that you are unable to keep an appointment, please notify me at least **24 hours in advance**, otherwise you will be charged the full fee for the session. If the event is an emergency and you are unable to contact me in advance, please notify me as soon as possible to avoid a fee being charged.. Likewise, if you intend to discontinue counseling, please inform me. You may contact me at 214-783-2002

Emergencies: If you are in a life-threatening emergency or feel that you may harm yourself or someone else, please call 911, the MHMR Crisis Line (800-762-0157), or have a trusted person bring you to your nearest ER. I do not provide emergency services however I may be able to arrange additional sessions following an emergency.

Confidentiality/Files: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. I will also keep a written record of our sessions which is also confidential. There are limits to confidentiality at which point I would be required to break confidentiality. Those instances include if you disclose you may be a danger to yourself or another person, if a judge subpoenas the records, or any disclosures of child abuse or abuse of the elderly. Files are closed once the counseling relationship ends and will remain confidential. __

If you choose to communicate with me by e-mail, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any e-mails and text messages I receive from you, and any responses that I send to you, become a part of your legal record and may be revealed in cases where your records are summoned by a legal entity.

Legal Proceedings

If you are involved in, or anticipate being involved in, legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in legal proceedings might affect our work together. In the event you are seeing me because you have been asked to obtain an evaluation for a legal proceeding, it is important for you to know the difference between treatment and an evaluation, and that treatment is not a substitute for an evaluation. Treatment is also not an appropriate way to obtain evaluation results. If you need an evaluation I will assist you to find a provider who offers this service.

It is also important for you to know I will not be a party to any legal proceedings against current or former clients. I will work with you to support treatment goals, not to address legal issues that require an adversarial approach.

Clients entering treatment are agreeing to not involve me in legal or court proceedings or attempt to obtain treatment records for legal or court proceedings when marital or family counseling has

not been successful at resolving disputes. This prevents misuse of your treatment for legal objectives.

In the event you do require my testimony or involvement in non-adversarial aspects for legal or court proceedings I will do so only with your consent. We will be unable to disclose any information pertaining to other family members or parties in counseling without their specific consent. Court appearances, either requested or subpoenaed, depositions and settlement conferences are billed at \$500.00 for a half day (any appearance between 8:00 A.M. & 12:00 P.M. or between 12:00 P.M. and 5:00 P.M.) or \$1000.00 for a full day (any appearance that crosses the noon hour).

Payment is due at least three business days in advance of the appearance.

Fees (up to \$50) will be assigned for making calls, providing letters or emails to facilitate communication with attorneys or other third parties outside of session times. This fee will be added to client's account and charged to client's on file credit card.

Session Fees: Individual Session	50 minutes	\$100
Play Therapy Session	30-45 minutes	\$100

Payment is due at time of service. All checks and payments should be made payable to Rozette Pegues. At this time I do not a participant of any insurance panels meaning all sessions would be self-pay. If you have concerns with being able to afford services, please let me know. Reduced rates are available on a limited basis.

Any concerns regarding my conduct as a counselor or my ethics I would ask that you discuss with me, however, concerns may also be directed to the Texas State Board of Examiners of Professional Counselors at 1-800-942-5540.

I consent to receive treatment from Rozette Pegues, M.S., LPC for myself and/or my child. I acknowledge that I have received a copy of the Personal Disclosure Statement.

Signature

Date

Counselor Signature

Date



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to it. Please review carefully.

1. Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but not limited to review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records is limited to the internal used outlined above except required by law or authorized by the patient or legal
2. Federal and State laws require abuse, neglect, threats to others to be reported to social services or other protective agencies. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases risk of further
3. Disclosed information will be limited to the minimum necessary. You may request an account for any uses or disclosures other than those described in Sections 1 and Sections 2.
4. You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at anytime. Psychotherapy notes are part of your medical records. We have 30 days to respond to a disclosure request and 60 days if the records are stored off site.
5. You may request corrections to your records.
6. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm.

7. If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request review of the denial. A review will be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be concluded within 30 days.

8. You may request that we restrict uses and disclosures outlined in Section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or your legal representative orally or in writing except when disclosure is required by law or in an emergency. We may also revoke such restrictions but information gathered while required by law or in an emergency. We may also revoke such restrictions but information gathered while the restriction was in place will remain restricted by such an agreement.

9. If you wish to complain about privacy related issues you may contact the Texas State Board of Examiners of Professional Counselors Complaint Management and Investigation Section at P.O. Box 141369, Austin, Texas 78714-1369 or at 1-800-942-5540. In any case there will not be any retaliation against you or your legal representative for filing a complaint.

10. This agreement may be modified or amended as required by law or in the course of health care operations.

I HAVE READ AND UNDERSTOOD THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION.

Individual or Legal Representative (please print)	Date
Signature of Individual or Legal Representative	Date
Signature of Counselor	Date