

PROFESSIONAL DISCLOSURE STATEMENT

Introduction

Personal and career counseling is conducted in various ways, depending on the counselor. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs at this time. *Please discuss any questions or concerns you may have before we begin our session.*

Credentials and Experience

I hold the Post-Master's degree of Education Specialist (Ed.S.) in Counseling from the University of Alabama at Birmingham and a Masters of Arts degree in Counseling where my concentration was in the area of Rehabilitation Counseling, also from UAB. My undergraduate degree in Psychology was also earned at UAB. I am licensed in the State of Alabama as a Licensed Professional Counselor and I hold national certifications as a Certified Rehabilitation Counselor, National Certified Counselor and as an MBTI professional.

My professional memberships include the American Counseling Association, Alabama Counseling Association, American Mental Health Counselor Association and the Alabama Association of Counselor Educators and Supervisors. I have recently served as President of the Alabama Mental Health Counselor Association and I am Past-President of Chi Sigma Iota (ZETA)—an international counseling honor society. I am also a member of the International Critical Incident Stress Foundation and have received both Level One and Level Two training in Eye Movement Desensitization and Reprocessing (EMDR) from the EMDR Institute. In addition to my counseling work, I am a Licensed Supervising Counselor and I oversee the counseling work for Associate Licensed Counselors in order for them to obtain their own independent licensure. I regularly make presentations on topics in the counseling arena at the local, state and national level. With my associate, Anita Neuer, we maintain a consultation business in which we utilize our counseling background to provide services such as team-building, MBTI testing, leadership coaching, conflict resolution, communication skills, etc. – to business and organizations.

I am experienced in the areas of relationships, anxiety, depression, grief, stress/anger management, career difficulties, critical incident stress and various issues with people with disabilities.

The Counseling/Consultation Process

People come to counseling because they want something to be different in their lives. They may want to change their personal or family situation, solve a particular problem, or simply bring a healthier balance to their lives. The counseling process can be fun and exciting. It can also, at times, be very challenging, difficult and even painful. However, the goal will always be to bring about some positive change.

Gary Williams, Ed.S., LPC, CRC, NCC
Licensed Professional Counselor

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At our initial meeting, we will assess your current needs and concerns, and decide if we can work together to address them. We will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further counseling or assistance.

Throughout our work together, I will make every reasonable effort to professionally facilitate the resolution of your needs and concerns. Ultimately, you must decide to use what you gain from the counseling process.

Your Rights and Responsibilities

You have the right to ask me to explain my reasons for making certain recommendations or for using certain procedures. You also have the right to refuse to follow these recommendations, and/or to terminate the counseling process at any time and for any reason. I have the right and ethical responsibility to terminate counseling and offer a referral to another counselor if you choose not to follow my recommendations. *Either of us may request a final session to discuss the reasons for termination, and to decide on an appropriate referral if desired.* Please inform me if you are seeing another counselor or mental health professional during the course of our work together, so that we may provide consistent treatment for you.

You have the right to confidentiality in the counseling relationship as described in the next section.

Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me no sooner than 24 hours before the appointment. *You will be responsible for payment for any missed or uncancelled appointments, except in the case of personal emergency.* Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment.

My Responsibilities as Your Consultant

As a Licensed Professional Counselor, I adhere to the Code of Ethics and Standards of Practice approved by the Alabama Board of Examiners in Counseling and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy:

I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:

- 1. I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person.*

2. *If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease. Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so.*
3. *In short, I have a “duty to protect” you and others from harm.*
4. *I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.*

*For conjoint couples therapy with my associate Anita Neuer, you agree that Anita and I are free to discuss amongst ourselves our individual sessions with member of the relationship. Your permission must still be granted before either of us can reveal to you anything about the session contents with your partner.

Fees for Service

****I am a provider for Behavioral Health System and Ann Clark & Associates. All other clients will be “direct pay”. Sliding scale rates may be available if needed.***

Regular Sessions (50 minutes)	\$ 80.00	-	Extended Sessions (75 minutes)	\$ 120.00
Couples Therapy (50 minutes)	\$ 95.00	-	Extended Couples (75 minutes)	\$ 140.00
Conjoint Couples Therapy (50 min)	\$140.00	-	Extended Conjoint (75 minutes)	\$ 210.00
Myers-Briggs Type Indicator® (as a complement to therapy)	\$ 35.00		Myers-Briggs Type Indicator® (as a “stand-alone” service)	\$ 225.00
Full-Time Students	\$ 45.00			

Fees are payable at the beginning of each session by check or cash. Make checks payable to Gary Williams, LPC, and please have your check prepared in advance so that session time can be best utilized.

Please sign below indicating that you understand all the information in this document.

Signature: _____

Date: _____

Signature: _____

Date: _____