

Dawn A. Dillon, M.Ed.  
Licensed Professional Counselor - TX #15850  
National Certified Counselor

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### **PROFESSIONAL DISCLOSURE STATEMENT**

**Qualifications:** I have a Master of Education degree in Counseling from the University of North Texas and have a license as a professional counselor for the states of Texas and West Virginia. In addition, I hold a national certification as a counselor. My formal education and experience has prepared me to provide the following services: mental health counseling, personal and social counseling, adolescent counseling, marriage and family counseling, and the diagnosis and treatment of mental and emotional disorders.

**Experience:** I have counseled individuals, couples, families, and groups in a variety of settings. I have been licensed and practicing for over 15 years and have worked the majority of that time in private practice. I have also worked in juvenile probation, college counseling centers, and volunteered as a counselor for non-profits working with cancer patients, domestic violence and sexual assault.

**Nature of Counseling:** I use a style of counseling known as cognitive behavioral therapy. By helping clients learn to identify, evaluate, and change dysfunctional thinking patterns while trying new behaviors, therapeutic changes and improved sense of well being can occur. I believe in a collaborative therapist-client approach, and work inside and outside of the session will be aimed at increasing the client's self-awareness of their thought processes and behaviors. By becoming aware of these thought processes and behaviors, new, more productive and positive thoughts and behaviors can be incorporated.

### **INFORMED CONSENT**

**Counseling Relationship:** During the time we work together we will meet for 50 minute sessions on a schedule that we mutually determine to be in your best interest. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me and phone contact related to scheduling. If you arrive for a session under the influence of an intoxicating substance, I will immediately cancel the session and reschedule you for the following week. Please do not invite me to any social gatherings, offer me gifts, 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 sessions. You will be best served if our sessions concentrate exclusively on your concerns.

**Effects of Counseling:** At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or not continuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and 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. Some of these life changes could be temporarily distressing. The exact nature of these changes can not be predicted. Together we will work to achieve the best possible results for you.

**Client's Rights:** Some clients need only a few counseling sessions to achieve their goals, other may require months or even years of counseling. As a client, you are in control and may terminate the counseling relationship at any time, unless you are court-ordered to be in counseling. I do ask that you participate in a termination session. You also have the right to refuse or negotiate modification of any of my suggestions that you believe might be harmful. I assure you that my services will be rendered 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. If I am not able to resolve your concerns, you may report your complaints to the Texas State Board of Examiners of Professional Counselors.

**Referrals:** Should you and/or I believe that a referral to another provider or program is needed, I will provide alternatives including programs and/or people who may be available to assist you. You will be responsible for contacting and evaluating those referrals.

**Records and Confidentiality:** All of our communication becomes part of the clinical record, which you may see upon request. The clinical record is strictly confidential with the following limitations and exceptions: a) I am required by your insurance company to release your records; b) I determine that you are a danger to yourself or someone else; c) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; d) you disclose sexual contact with another health professional; e) I am ordered by a court to disclose information; f) you direct me to release your records; or g) I am otherwise required by law to disclose information. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

In the event that I become incapacitated, or unable to practice, the dissolution of this practice and keeper of records is assigned to Carol Park, LPC. As a keeper of records, she will act in my stead for contact regarding your record. She may be contacted at 469-324-9744. All records are kept for a period of 5 years past the last counseling session, at which time they are disposed of in a legal and confidential manner. All records are the property of Dawn A Dillon, MEd, LPC, NCC.

In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to the therapeutic progress.

**Payment:** All counseling sessions will be scheduled for the standard "therapeutic hour" which is 50 minutes. The rate per session is \$125. Payment is due at the time services are rendered. If you need to cancel or reschedule please do so no later than 24 hours prior to the appointment. If you do not show for an appointment that has not been rescheduled or cancelled, there will be a \$75 no-show fee charged to the client or their legal guardian or parent if the client is a minor. You will not be liable for sessions which I may have to cancel. If I do have to cancel a session I will reschedule you at the earliest time both of our schedules allow.

I do not work with insurance companies or file any insurance for clients, however I will provide you with a coded bill for you to turn into your insurance for partial or full reimbursement. I ask that you not use me, my expertise, or records for court litigation. I believe court appearances damage the therapeutic relationship and may potentially be damaging to you. If I am asked or required to appear in court involving our sessions, time will be charged at \$250 per hour, including any time spent away from the office. This includes travel time and time spent waiting at the courthouse.

**Emergencies:** I do not have coverage for emergencies. Should you have an emergency please call 911, go to the nearest emergency room and/or, if you are a patient of a psychiatrist/physician, please contact that person or clinic.

**Phone Calls:** I will return calls and/or emails within 24 hrs but it is my policy to not participate in counseling services via email or any other electronic means. Calls lasting 15 minutes or longer may be charged at the regular hourly rate from the beginning of the call.

By your signature below, you are indicating that you have read and understood this statement, and/or that any questions you have had about this statement have been answered to your satisfaction. Once again, you are agreeing to pay a \$75 no-show fee if you fail to show for an appointment that has not been cancelled or rescheduled.

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Client Signature

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date