

Rozan Christian

Licensed Professional Counselor
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Qualifications: Ph.D., Counselor Education, University of North Texas

Licensed Professional Counselor, Texas State Board of Examiners of
Professional Counselors

Welcome to my practice. This document contains important information about my professional services and business practices. Please read it carefully and jot down any questions you might have so that we can discuss them.

Theoretical Approach

My theory of counseling includes helping individuals grow toward wholeness by addressing the conscious and unconscious elements of the mind. Helping clients gain greater personal self-knowledge and the capacity for improved relationships with themselves and with others is a focus of the therapeutic relationship.

Counseling Relationship

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you choose to work with me, we will meet weekly for approximately 50 minutes. If, however, you could benefit by having more than one session each week, I will make that recommendation. If you have questions about my procedures, we should discuss them whenever they arise.

Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Please do not invite me to 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.

Effects of Counseling

Psychotherapy has been shown to have benefits for people who undertake it. Therapy often leads to significant reduction in feelings of distress, better relationships, and resolution of specific problems. Risks sometimes exist as well. For example, you may experience uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. Therefore, there are no guarantees about what will happen during the therapeutic process.

Client Rights

Some clients need only a few counseling sessions to achieve their goals; 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 though I do ask that you participate in a termination session.

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know.

Referrals

Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Fees

In return for a fee of \$125.00 for each 50-minute session, I agree to provide counseling services for you. The fee will be due at the conclusion of each session.

Cancellation

Once the appointment hour is scheduled, it is reserved specifically for you. Should you need to cancel your appointment, please provide 24 hours advance notice to avoid being charged for your reserved session.

Records and Confidentiality

Our communication is confidential, but the following additional limitations and exceptions do exist: a) I determine that you are a danger to yourself or someone else; b) You disclosed abuse, neglect, or exploitation of a child, elderly, or disabled person; c) You disclose sexual contact with another mental health professional; d) I am ordered by a court to disclose information; e) You direct me to release your records; or f) 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 case of marriage or family counseling, I will keep confidential (within 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.

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client's Signature Date

Print Name Here Date

Therapist's Signature Date